Crowther, Joan (DEQ)

From:

Tim Clemons [TClemons@rapidan.org]

Sent:

Thursday, April 26, 2012 10:52 AM

To:

Crowther, Joan (DEQ)

Subject: Attachments: Emailing: Gordonsville - Revised Attachment 2 and Description

Gordonsville - Revised Attachment 2 and Description.pdf

Joan, attached is a revised Attachment 2 and description for the Gordonsville plant/permit renewal. I am the first to admit, if someone is not thoroughly familiar with the plant/system, it can be confusing. I hope I have cleared it up, at least a bit.

We would like to continue using the existing gas chlorine system and have the detention time be between the injection point and the discharge point to the fields. That, at least in my simple thinking, is the easiest way to accomplish what we are trying to accomplish and also, at least in my thinking, eliminates existing Outfall 101 as we would use the Overland Pump Station wetwell as the TRC monitoring site. If this is still too confusing or I am way out in left field with this, call me or email. I will be off next week but back the week of May 6.

Thanks

Tim

Your message is ready to be sent with the following file or link attachments:

Gordonsville - Revised Attachment 2 and Description

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

Description

The facility is a 0.667 million gallon per day plant.

Chlorine is added at the shown (existing) CL2 Injection point into the pipe immediately downstream of the clarifiers, upstream of the Pond Pump Station, via the existing gas chlorination system. Wastewater will be pumped from the Pond Pump Station and can be pumped to one of the following:

- 1. Overland Pump Station wetwell
- 2. One Day Pond
- 3. Storage Pond

This can be determined by the use of various gate valves installed in the pipelines.

Chlorine contact time will be accomplished through the baffled Pond Pump Station wetwell and the pipeline going up to either the Overland Pump Station wetwell or the One Day Pond. Normal operation will have the flow going to the Overland Pump Station wetwell and the chlorine residual will be monitored at that location prior to being pumped onto the spray fields. In the event that additional chlorine contact time is necessary, flow could be pumped into the One Day Pond, which would used then as a chlorine contact basin and the residual will be monitored in the Overland Pump Station wetwell prior to being pumped onto the spray fields.

Flow may be directed to and stored as needed in the existing Storage Pond either by pumping from the Pond Pump Station through the Overland Pump Station wetwell, by pumping from the Pond Pump Station around the Overland Pump Station Wetwell and into the Storage Pond, or by gravity between the One Day Pond and the Storage Pond via interconnected piping. Stored water can be returned directly to the Overland Pump Station wetwell or by portable transfer pump to the One Day Pond.

A future liquid chlorine system will be used on an as-needed basis to supplement the gas chlorine system. The future system will be located, if required, in the Overland Pump Station building and chlorine will added either into the Overland Pump Station Wetwell or into the piping going to the One Day Pond.

SCHEMATIC FLOW DIAGRAM

Crowther, Joan (DEQ)

From:

Tim Clemons [TClemons@rapidan.org]

Sent:

Wednesday, November 30, 2011 11:43 AM

To:

Crowther, Joan (DEQ)

Subject:

Gordonsville Permit Renewal Information

Attachments:

Scan.pdf

Joan, I believe this provides answers to anything outstanding. If not please let me know. Also, unless you want it also, I am not submitting a paper copy of this.

Have a great day

Tim

----Original Message-----From: Scott Guengerich

Sent: Wednesday, November 30, 2011 11:38 AM

To: Tim Clemons

Subject: Emailing: Scan.pdf

Your message is ready to be sent with the following file or link attachments:

Scan.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

RAPIDAN SERVICE AUTHORITY 11235 SPOTSWOOD TRAIL PC) BOX 148 RUCKERSVILLE, VA 22968 TEL 434-985-7811 FAX 434-985-6075



RAPIDAN SERVICE AUTHORITY 3489 GERMANNA HWY PO BOX 736 LOXUST GROVE, VA 22508 TEL 540-972-2133 FAX 540-972-7065

November 30, 2011

Ms. Joan C. Crowther
Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, VA 22193

RE:

Gordonsville POTW - VA0021105

Dear. Ms. Crowther:

As you know from our meeting in September 2011, RSA is requesting consideration of several items associated with the upcoming VPDES permit reissuance for this plant. The primary reason for this is that several businesses that made up a large portion of the flow into the plant are no longer in existence and are not expected to be replaced. This decrease in customer base also reflects a large decrease in revenue for this small plant. Accordingly and in response to your letter of November 14, 2011, please find additional information addressed below in the order of your letter.

- Attached is an analytical summary of the plant monitoring well data during the current permit cycle. Included with this summary is a site map showing the location of each monitoring well. (attachment 1).
- 2. We have recently submitted the paperwork for the CTO for recent changes made at the Gordonsville POTW under separate letter. Attached to this response is a flow diagram associated with the recent changes. We are prepared to begin using this location for TRC monitoring upon receipt of the CTO (attachment 2).
- 3. Attached is a revised section of the plant O&M Manual regarding staffing at the plant. This is submitted for DEQ's records and we have included this in the current O&M Manual located at the plant (attachment 3).
- 4. We will continue to perform daily testing at Outfall 001 on the days the plant has a discharge from the overland flow system.
- We respectfully request that the frequency of analysis for Outfall 001 be reduced as it pertains to BOD5, TSS and Ammonia. We believe here is sufficient historical data on file for this facility to support this request.
- 6. We respectfully request that the frequency of analysis for E-coli be reduced. Attached is supporting data recently obtained that shows E-coli is already present in the stream before our point of discharge. We collected these samples from this stream prior to the discharge point. This data clearly supports RSA's position that E-coli enter this outfall stream from sources other

Ms. Joan C. Crowther Town of Gordonsville POTW – VA0021105 Page 2

than the plant (attachment 4). We further request that the Total Recoverable Copper effluent testing be discontinued. To the best of my knowledge, this effluent limitation was as a result of Liberty Fabrics sending their industrial waste to the treatment plant. Liberty Fabrics ceased operations in 2003. Attached is a spreadsheet from 2007 to present showing the Total Recoverable Copper results for the plant (attachment 5).

In addition, attached is amended EPA Form 2A information provided with the initial permit re-issuance package. These include changes to the following:

- 1. A.9.f. with attachment
- 2. B.1.
- 3. B.3.
- 4. B.5.d.
- 5. VPDES Permit Application Addendum

I believe this addresses each of the items contained within your letter of November 14, 2011 as well as provides additional information supporting RSA's requests concerning this permit re-issuance. Should further information be required, please let me know.

Sincerely,

Dudley M. Pattie General Manager

cc: Permit file

	Well#	# 1				G	Monitoring Well Data	Monitoring Well Data	Data	ניופוני.						
		•	•													
	standard	5.5-8.5		0.025	ъ					0.025	0.0004	0.05	_	0.05	0.05	total
		Ξ	Cond.	nitrite	nitrate	700	Chloride	sulfate	İKN	ammonia	cadmium	chromium	copper	lead	zinc	colifor
Date	units	Su	umhos	mg/l	mg/l	mg/i	mg/l	mg/l	mg/i	mg/i	mg/i	mg/l	mg/i	mg/l	mg/l	
8/11		6.74	1280	<.01	< 05	<u>^</u>	158	11 5	1.12	<.10	<.005		<.005	05	< .005	23
2/11		6.68	1310	<.01	<.05	<u> </u>	156	18.9	0.85	0.23	<.005			<.005	< 005	500
9/10		6.91	1170	<.01	< 05	7	156	18.1	1.23	0.47	< .005		<.005	<.005	< 005	>160
5		7.15	1160	<.01	0.12	₹	142	16.9	0.78	0.2	<.005	<.005		<.005	< 005	۵
8/09		6.64	988	0.03	0.024	4.51	135	17.7	0.96	0.78	<.005	<.005	<.005		< 005	214.3
2/09	-	7 17	1210	× 01	0.231	3.88	142	16.5	0.28	0.2	<.005	< 005			< .005	2
7/08		ტ. გ	1350	0.04	0.01	6.35	136	11.9	1.33	0.77	<.005	<.005			< 005	149.7
1/08		7.1	1110	0.01	0.19	5.16	150	11.5	0.68	0.23	< .005	< 005			<.005	۵
7/07		6.8	1240	0.01	<.02	8.61	143	14	1.02	0.39	< .005	<.005	<.005	0.005	0.013	500
1/07		7.2	1230	<.05	0.19	19.8	143	10.3	0.56	0.14	<.005	<.005	<.005	<.005	0.007	2
12/00)	ļ	1210	^	0.06	7.39	127	115	0.16	0.1	< 005	<.005	<.005	0.006	<.005	^ 2

Attachment l

-	standard 5	ပၢ ပုၢ ထ ပၢ		0.025	Un .		· •		, ,	0 025	0.0004	0 0 5	-	0	0	<u> </u>
,		밀	Cond.	nitrite	nitrate	TOC	Chloride	(D	T KZ	ammonia	cadmium	cadmium chromium copper	copper	lead	zinc	coliform
Date	units	ns	umhos	mg/l	mg/l	mg/i	mg/l	mg/l	mg/i	mg/l	mg/i	mg/i	mg/l	mg/I	mg/i	
8/11		7.13	1270	<u>^.01</u>	<.05	7	29.5	22.2	0.73	<.10	<.005	0.014	0.012	<.005	0.008	1600
2/11		7.63	1190	01	0.256	7	126	21.8	1.13	< 10	<.005	<.005	0.013	<.005	< 005	2
9/10		7.39	1090	^ 01	< .05	7	132	15.6	1.51	0.4	<.005	0.025	0.038	0.014	0.078	>1600
10		7.26	1150	<u>^</u>	0.355	4	106	14.6	0.78	< 10	<.005	<.005	< .005	<.005	< .005	۵
8/09		7.85	1100	<u>.01</u>	<.50	8.22	118	14	0.85	0.65	<.005	0.006	0.008	<.005	<.005	235.9
2/09		7.38	1090	01	< 04	5.98	115	17.3	1.42	1.16	<.005	<.005	< 005	<.005	0.012	>2419.6
7/08		7.2	1100	^ 04	<.01	8.39	117	29.2	0.89	0.32	<.005	0.009	< .005	<.005		235.9
1/08	•	7.2	999	< 01	0.34	5.86	118	32.1	0.28	0.14	<.005	0.01	< 005	<.005	< 005	240
7/07	•	7.2	1060	<u>^</u> 01	<.02	6.79	118	33.3	1.02	0.5	<.005	0.007	0.008	<.005	0.008	>1600
1/07		7.5	919	0.09	0.25	4.29	114	30.3	0.78	0.4	<.005	0.017	<.005	<.005	0.009	۵

12/00	1/07	7/07	1/08	7/08	2/09	8/09	0	9/10	2/11	8/11	Date		
											units	standard	Well #3
	7.4	7.3	6.8	7.2	6,89	6.81	6.71	6.94	7.53	7.11	Su	5 5-8 5	#3
430	206	527	172	398	186	332	162	452	135	380	umhos	Oppo	
<.10	<.05	<.01	<.01	<.01	<.01	<.01	<.01	<.01	<.01	<.01	mg/I	0 025	
0.95	0.16	0.54	0.36	0.47	0.209	0.516	0.139	0.434	0.518	0.535	mg/l	nitrate	
<u>^1</u>	4	4	<u>^</u>	1.05	<u> </u>	<u>^</u>	<u>.</u>	<u>^</u>	<u> </u>	7	mg/l	5	Gorda
16.4	9.04	20.1	3.87	8.75	9.04	9.43	3.6	16	7.82	8.71	mg/l	O bioride	Gordonsville Wastewater Treatment Plant Monitoring Well Data
10.3	10.5	15.2	<10	<10	<10	10.7	11.9	12.3	<10	<10	mg/l		ille Wastewater Treat Monitoring Well Data
<.10	0.17	0.45	0.34	0.28	0.57	<.75	<.75	0.67	0.78	0.56	mg/l	1 5 2	Treatme Data
< 10	<.10	×. 10	0.13	0.11	< 10	0.19	· . 10	<.10	< 10	<.10	mg/l	0 025	nt Plant
<.005	<.005	<.005	<,005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	mg/l	0.0004	
< .005	<.005	<.005	<.005	< 005	< .005	<.005	<.005	<.005	0.0025	<.005	mg/l	0 025 0 0004 0 05 1 (
< 005	< .005	<.005	<.005	<.005	< 005	0.013	<.005	<.005	0.039	0.005	mg/I		
< 005	<.005	<.005	<.005	< .005	< 005	< .005	<.005	<.005	0.04	<.005	mg/l	0.05	
< .005	0.007	0.009	< .005	< 005	< 005	0.008	< 005	<.005	0.084	0.007	mg/l	0 05	
۵	۵.	۵	240	1413.6	ພ	18.9	۵	2	4	2	C	total	

											Τ		
5/01	1/07	7/07	1/08	7/08	2/09	8/09	9,0	9/10	2/11	8/11	Date		
											units	standard	Well #4
	6.9	7.1	7.1	6.8	7.36	6.77	7.43	7.23	7.12	7.14	su Hq	5.5-8.5	#4
1260	1150	1170	1040	1260	1130	1040	1140	1090	1150	1120	Cond. umhos	•	
<.05	< .05	<.01	< 01	< 01	< 01	0.02	<.01	<.01	<.01	<.01	mg/l	0.025	
0.07	0.15	<.02	0.11	0.04	0.188	0.062	0.249	<.05	0.195	< 05	mg/l	Un	
2.79	6.99	3.75	2.92	5.61	1.6	<u>^</u>	7	<u>~</u>	7	7.24	mg/l		Gordo
165	148	151	148	152	139	115	140	140	145	152	mg/l		Gordonsville Wastewater Treatment Pla Monitoring Well Data
25.9	32.9	34	35	35	35	18.5	41.6	42.4	36.2	37.9	sulfate mg/l		lie wastewater i reat Monitoring Well Data
0.5	0.61	0.45	0.28	0.37	0.71	<.75	0.84	0.78	1.41	< 50	mg/l		l reatme l Data
< 10	<.10	<u>^ 10</u>	<.10	0.22	<.10	0.11	<.10	0.15	<.10	<.10	mg/l	0 025	nt Plant
<.005	<.005	<.005	<.005	<.005	< .005	< 005	< 005	<.005	< .005	<.005	mg/l mg/l mg/l mg/l	0 0004	
0.006	< .005	0.006	0.01	0.008	< .005	< .005	0.01	0.012	0.01	0.013	mg/l	0.05	
0.006	<.005	0.006	<.005	<.005	<.005	0.006	< 005	<.005	0.005	0.012	mg/l		
<.005	< 005	< .005	<.005	<.005	< 005	< 005	<.005	<.005	<.005	<.005	mg/i	0.05	
<.005	<.007	0.016	<.005	<.005	<.005	0.007	<.005	<.005	<.005	0.006	zinc mg/i	0.05	•
4	>1600	٨	۵	517.2		1732.9		240	00	2	coliform	total	•

12/00	5/01	1/07	7/07	1/08	7/08	2/09	8/09	10	9/10	2/11	8/11	Date	(0	
		ļ										units	standard	Well #5
		7.1	7.1	6.9	7.2	7.04	7.12	7.07	7.13	6.82	6.8	Su 19	5 5-8 5	.
360	401	326	384	310	395	308	281	313	352	346	414	Cond. umhos) -	
<.10	<.05	<.05	<.01	< 01	<.01	<.01	^.01	<.01	×.01	<.01	<.01	mg/I	0 025	
0.06	<.02	0.06	<.02	0.05	< 04	< 04	0.059	< 05	< 05	<.05	< .05	mg/l	, Ch	
4	2.11	1.73	7	7	1.05	7	7	<u>^</u>	7	7	3.02	mg/l		Q
7.09	8.13	6.72	5.22	8.49	5.47	8.81	13.3	36	20.3	13.8	28.8	Chloride mg/l	!	Monitoring Well Data
<10	<10	<10	<10	<10	<10	<10	<10	<10	^10	<10	^10	sulfate mg/l		Monitoring Well Data
<.10	0.26	0.45	0.34	0.11	0.44	0.28	<.75	0.78	0.78	1.13	0.61	mg/l		II Data
< 10	<.10	<.10	0.1	< 10	<.10	0.16	< 10	<.10	<.10	0.11	<.10	ammonia mg/l	0 025	ה ה
< .005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	a cadmium mg/l	0.0004	
< .005	< .005	0.007	< 005	<.005	<.005	<.005	<,005	< 005	< .005	< 005	0.005	chromium mg/l	0.025 0.0004 0.05 1	
< 005	< 005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	mg/l	_	
< 005	<.005	<.005	<.005	<.005	< 005	<.005	<.005	<.005	<.005	<.005		iead mg/l		
<.005	<.005	< .005	<.009	<.005	< 005	< 005	<.005	<.005	<.005	<.005	0.005	zinc mg/l	0.05	
4	2	4	4	13	178.5	3.1	93.2	თ	4	^ 2	<2	coliform	total	

	Well #6	#5				Gordo	Gordonsville Wastewater Treatment Plan Monitoring Well Data	lle Wastewater Treat Monitoring Well Data	Treatme Data	int Plant						
	standard	5 5-8 5		0 025	C 1					0 025	0.0004	0.05	- -	0.05	0.05	
		Ï	Cond.	••	nitrate	TOC	Chloride	sulfate	TKN	ammonia	onia cadmium chromiun	chromium	copper	lead	zinc	coliforr
Date	units	Su	umhos	ļ.	mg/l	mg/l	mg/i	mg/l	mg/l	mg/i	mg/l	mg/l	mg/l	mg/i	mg/l	l
8/11		7.1	832	0.06	0.491	2.18	76.8	<10	0.56	<.10	<.005	0.005	0.006	0.005	0.005	>1600
2/11		7.19	819	<.01	0.607	<u>^</u>	80.8	11.9	1.13	< 10	< 005	<.005	0.006	<.005	<.005	
010		7.04	743	0.08	0.696	<u>^</u>	66.3	11.9	0.78	< 10	<.005	0.009	<.005	<.005	<.005	
9,0		7.21	1000	<.01	<.05	4	133	10.3	< 75	<.10	<,005	<.005	<.005	<.005	<.005	۵
8/09		7.00	944	0.01	0.071	<u>^</u>	96.8	<10	<.75	< 10	< 005	<.005	0.006	<.005	<.005	83.6
2/09		7.07	898	0.01	0.04	<u>^</u>	91.5	10.7	0.28	<.10	< .005	< .005	<.005	< 005	<.005	•
7/08		6.9	883	<.01	0.07	3.83	75.5	<10	0.67	< 10	<.005	<.005	<.005	<.005	0.006	149.7
1/08	_	7.2	736	<.01	0.07	2.82	80.6	11.5	0.28	<.10	< .005	<.005	<.005	< .005	<.005	
7/07	_	7.1	765	0.03	0.31	1.77	54.9	10.7	0.51	0.16	< 005	0.006	<.005	<.005	0.01	
1/07		7.3	567	<.05	< 02	2.48	62.2	13.2	0.61	<.10	< 005	< 005	<.005	<.005	0.009	
5/01			499	<.05	0.99	1.39	14.7	11.7	0.13	< 10	<.005	<.005	0.01	< 005	<.005	500

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	Well #7	#7				G	Gordonsville Wastewater Treatment Plant Monitoring Well Data	Monitoring Well Data	Data	חנ רופות						
													·			
	standard	55-85		0 025	(h					0 025	0 0004	0.05	<u>.</u>	0.05	0 05);
		할	Cond.	nitrite	nitrate	Toc	Chloride	sulfate	T X X	ammonia	cadmium	ammonia cadmium chromium	copper	ead	zinc	
Date	units	Su	umhos	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	Į.	mg/l	mg/l	
8/11		7.29	629	<.01	2.97	2.78	41.3	14	0.95	< 10	<.005	<.005	0.009	<.005	<.005	
2/11		8.12	588	<.01	2.88	4	39.1	18.9	1.34	<.10	<.005	0.063	0.12	0.045	0.24	
9/10		7.23	552	^.O1	2.99	<u>^</u>	40.5	21.6	1.51 1.51	^ 10	<.005	< .005	<.005	<.005	0.007	
10		7.61	541	<.01	3.36	<u>^</u>	34.8	14.8	<.75	<.10	<.005	< .005	<.005	<.005	<.005	
8/09		7.55	583	0.02	3.05	4	37.3	15.2	<.75	< 10	<.005	<.005	0.005	<.005	0.006	
2/09		7.65	521	<.01	3 13	7	31.6	13.2	0.6	< 10	<.005	< 005	<.005	<.005	< .005	
7/08		6.9	878	<.01	0.52	2.52	95.2	23.5	0.56	<.10	<.005	0.007	<.005	< 005	< 005	
1/08		7.5	530	<.01	2.69	<u>^</u>	35.5	15.6	0.17	0.28	<.005	< .005	<.005	<.005	<.005	
7/07		7.2	575	0.01	0.9	4	37.4	12.3	0.73	0.84	<.005	< .005	<.005	<.005	0.008	
1/07		7.5	570	<.05	2.59	3.56	41	17.7	0.33	<.10	<.005	0.008	<.005	<.005	<.005	
5/01			706	<.05	2.5	1.47	58.6	16.9	0.33	<.10	<.005	< 005	<.005	<.005	0.016	

	Well #8	#8				Gordo	Gordonsville Wastewater Treatment Plant Monitoring Well Data	ille Wastewater Treat Monitoring Well Data	Treatme Data	nt Plant					I	
		ת ת מ מ ת		0 035	ת					0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0000))) }))	
		밀	Cond.	nitrite	nitrate	Toc	Chloride	sulfate	TKN	ammonia	ammonia cadmium chromium	chromium	copper	lead	zinc	coliform
Date	units	us	umhos	mg/i	mg/l	mg/l	mg/l	mg/l	mg/l	mg/i	mg/i	mg/l	mg/l	mg/i	mg/l	
8/11	-	6.5	949	0.03	1.48	2.97	213	<10	1.12	0.13	<.005	<.005	<.005	<.005	<.005	>1600
2/11	-	7.33	953	<.01	1.59	7	207	<10	1.69	<.10	< .005	0.017	0.043	0.009	0.052	22
9/10		6.61	846	^.01	1.63	4	201	<10	1.06	<.10	< 005	0.005	<.005	< .005	<.005	. \$
	-	7.12	760	<.01	0.978	4	160	<10	0.78	<.10	< .005	0.005	<.005	<.005	<.005	\$
8/09		6.7	826	<.01	1.62	<u>^</u>	196	<10	< 75	<.10	< 005	<.005	<.005	< .005	<.005	>2419.6
2/09		6.7	845	<.01	1.38	2	177	<10	0.22	<.10	< .005	< .005	<.005	<.005	<.005	193.5
7/08	ı	6.9	943	<.01	1.66	<u>^</u>	191	<10	0.56	<.10	< 005	<.005	0.008	<.005	0.005	104.3
1/08		6.7	760	<.01	2.33	7	197	<10	0.91	0.1	<.005	<.005	<.005	<.005	<.005	۵
7/07		6.9	885	<.01	1.03	1.28	193	<10	0.85	0.15	< 005	<.005	<.005	< 005	<.007	900
1/07		6.7	830	<.05	1.92	4	197	<10	0.17	<.10	<.005	0.005	< 005	< .005	<.005	30
5/01			425	<.05	1.78	1.3	78.8	<10	0.14	< 10	< .005	<.005	<.005	< .005	<.005	۵
12/00	; ;		385	<.10	2.97	<u>^</u>	69.8	<10	<.10	<.10	<.005	<.005	<.005	<.005	<.005	2

	We	Well #9				Gord	Gordonsville Wastewater Treatment Plant Monitoring Well Data	lle Wastewater Treat	Treatme I Data	ent Plant						
	standard	5.5-8.5	,	0 025	Ch.					0 025	0 0004	0.05		0.05	0.05	tota
Date	units	su PH	Cond	nitrite ma/l	nitrate mg/l	ma/l	Chloride ma/l	sulfate mo/l	TKN	ammonia ma/l	acadmium ma/l	ammonia cadmium chromium	mo/l	lead mg/i	zinc	coliform
8/11		5.14	20.5	<.01	<.05	<u>^</u>	2.54	<10	1.57	<.10	< .005	<.005	<.005	< 005	0.01	۵
2/11		4.74	14.2	< 01	<.05	<u>7</u>	2.15	<u> </u>	1.13	<.10	<.005	<.005	<.005	<.005	0.01	N
9/10		5.96	23.4	<.01	<.05	4	4.55	<10	0.67	<.10	<.005	<.005	0.022	<.005	0.058	2
		5.63	15.5	< 01	<.05	<u>^</u>	11.8	<10	<.75	<.10	<,005	<.005	<.005	<.005	<.005	٨
8/09		7.23	15.1	<.01	<.05	<u>^</u>	7 02	<10	<.75	<.10	<.005	<.005	<.005	<.005	0.014	N
2/09		4.85	16.6	<.01	<.05	4	3.39	40	0.17	<.10	< 005	<.005	<.005	<.005	0.011	<u>.</u>
7/08		5.3	17.1	<.01	< .05	<u> </u>	4.38	<10	0.44	<.10	< 005	<.005	<.005	<.005	0.015	<u>^</u>
1/08		5.7	26.8	<.01	0.03	7	7.12	<10	0.57	0.1	<.005	<.005	<.005	<.005	0.012	2
7/07		n L	37.2	^ 01	۰ ا	7	2.89	^10	0.17	0.37	<.005	<.005	<.005	<.005	0.013	2
1/07		1			(7) 1	<10	<.10	<.10	<.005	<.005	<.005	< 005		۵
5/01		7.2	32.8	< 05	< 02		ν. - Δ			۸ 15			2	000	0.025	

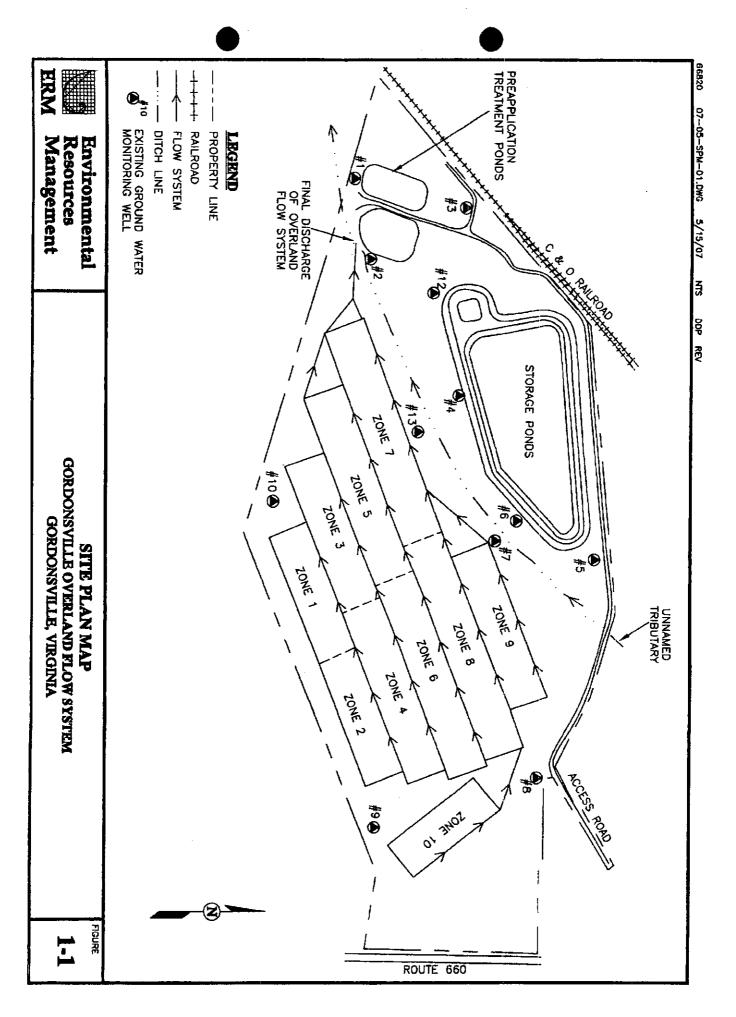
2	0.039	<.005	<.005	< .005	< 005	<.10	0.16	<10	217	1.99	<.02	<.05	812	=		5/01
2	0.025	<.005	<.005	< 005	<.005	0.1	0.28	^10	177	1.67	0.06	<.05	660	5.6		1/07
۵	0.027	<.005	0.006	< 005	<.005	0.35	0.34	<10	178	2.19	< 02	<.01	677	5.9		7/07
۵	0.014	< .005	<.005	< .005	<.005	0.11	0.34	<10	176	2.04	< 02	<.01	587	5.6		1/08
435.2	0.015	<.005	< .005	< 005	< .005	<.10	0.61	<10	55.5	2.38	<.05	<.01	660	5.8		7/08
7	0.013	< 005	<.005	< 005	<.005	< 10	0.39	<10	167	1.25	<.05	<.01	616	5.52		2/09
16.9	0.018	<.005	0.006	< 005	<.005	0.31	<.75	11.1	82.2	1.07	0.234	<.01	615	5.59		8/09
30	0.016	<.005	<.005	0.005	<.005	0.11	<.75	14	177	<u>^</u>	< 05	<.01	628	5.64		0 0
80	0.014	< 005	<.005	0.006	<.005	<.10	0.78	21.4	176	7	^ 05	^ .01	632	5.45		2/10
^2	< .005	<.005	<.005	< 005	<.005	<.10	0.78	12.3	174	7	< 05	<.01	657	6.08		2/11
>1600	0.014	<.005	<.005	< 005	<.005	< 10	0.56	13.2	159	5.08	< 05	<.01	589	5.36		8/11
coliform	zinc mg/l	lead mg/l	mg/l	ammonia cadmium chromium mg/l mg/l mg/l	mg/l	ammonia mg/l	mg/i	sulfate mg/l	Chloride mg/l	mg/l	nitrate mg/l	nitrite mg/l	Cond. umhos	Su PH	units	Date
total		0 05		0 05	0 0004	0 025					Un	0 025	• •	Ç,	standard	
							∥ Data	Monitoring Well Data	Monit					Well #10	V	
						nt Plant	Treatme	stewater	Gordonsville Wastewater Treatment Plan	Gord						

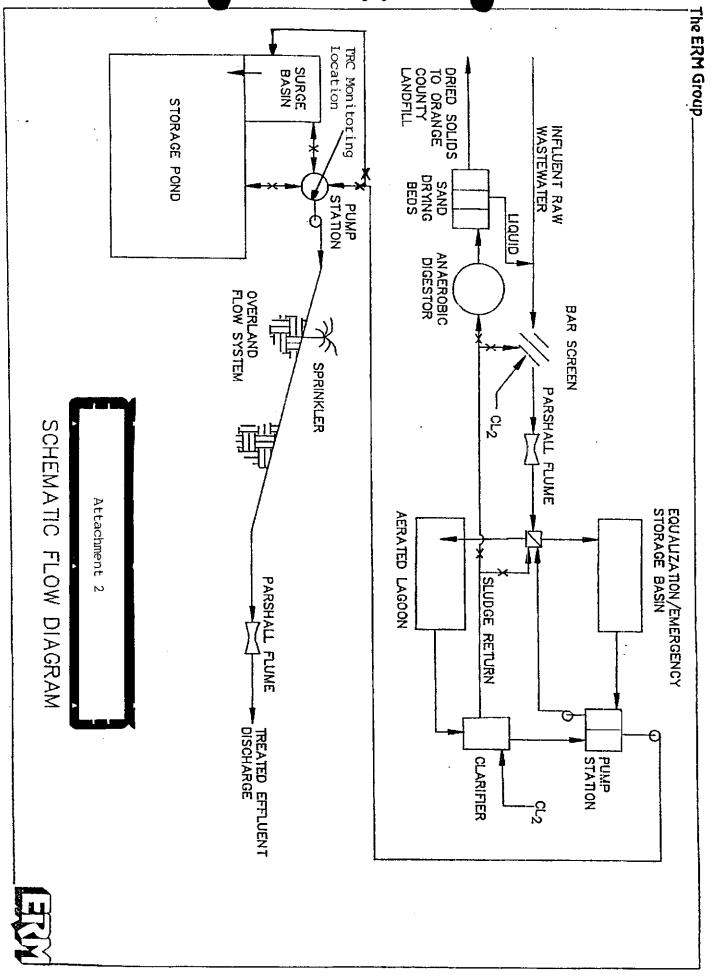
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٥	Date	8/11	2/11	10	0	8/09	, 09	7/08	1/08	7/07	1/07
Well #12	units										
#12 5.5-8.5	s P	7.04	7.13	7.07	7.08	7.13	7.09	6.9	7.1	6.9	7.5
	Cond. umhos	895	745	862	696	846	696	791	626	849	701
0.025	nitrite mg/l	<.01	<.01	<.01	<.01	<.01	<.01	<.01	<.01	<.01	<.05
ሊ	nitrate mg/l	< 05	< 05	^.05	< .05	<.05	<.05	< 05	0.04	< 02	0.06
Gord	TOC mg/l	6.41	<u>^</u>	7	^	<u>^</u>	<u>^</u>	2.71	1.44	1.88	<u>^</u>
Gordonsville Wastewater Treatment Plant Monitoring Well Data	Chloride mg/l	113	79.7	119	87.4	97.3	73.5	79.9	76.4	108	77.7
lle Wastewater Treat Monitoring Well Data	sulfate mg/l	12.3	10.7	18.1	11.9	13.6	<10	10.3	13.6	14.4	<10
r Treatme ⊞ Data	mg/l	0.95	1.06	0.78	0.84	<.75	0.28	0.78	0.4	0.34	0.5
ont Plant	ammoni mg/l	< 10	<.10	<.10	0.22	0.2	0.11	0.12	0.12	0.44	0.16
	a cadmiun mg/l	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005
))	<u>0</u>	0.01	0.005	0.011	< .005	<.005	<.005	0.006	< 005	<.005	< 005
	n copper mg/l	<.005	< .005			-	<.005	<.005	< .005	< .005	<,005
	lead mg/l	<.005	<.005	<.005					<.005	< 005	<.005
	zinc mg/i	< 005	<.005	<.005	<.005	<.005	<.005	<,005	< .005	0.005	0.006
	coliform	13	2	<u>^</u>	٨	26.2			42		\$

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5/01	1/07	7/07	1/08	7/08	2/09	8/09	No.	9/10	2/11	8/11	Date			
										•	units	standard	Well #13	,
	7.3	6.9	7	7.4	7.03	7.22	7.12	6.87	7.06	7.02	us Hq	55-8.5	#13	
909	895	876	745	535	811	911	1020	869	869	873	Cond.			
<.05	<.05	<.01	<.01	<.01	<.01	<.01	< 01	<.01	0.02	0.01	nitrite mg/l	0 025	•	i
0.37	0.51	0.57	0.48	2.79	0.634	0.593	0.573	0.552	0.599	0.573	nitrate mg/l	S		
1.22	1.12	10.8	<u>^</u>	1.01	4	<u>^</u>	<u>^</u>	<u>^</u>	<u>^</u>	5.13	mg/l			Gordo
98.7	117	102	92.2	30.6	91.5	104	135	116	99.3	111	Chloride mg/l		Monit	Gordonsville Wastewater
15.6	25.1	22.2	18.9	13.6	18.9	28.8	38.3	30.5	23.5	25.9	sulfate mg/l		Monitoring Well Data	astewater
0.14	0.28	0.28	0.4	0.39	0.28	<.75	<.75	0.67	0.78	1.17	უ ქ Қ №		Data	Treatment Plant
<.10	<.10	0.16	0.13	<u>^</u> .10	< 10	<.10	<.10	<.10	<.10	< 10	ammonia mg/l	0 025		nt Plant
<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	a cadmium mg/l	0 0004		
< .005	<.005	0.006	0.008	<.005	<.005	<.005	0.01	0.012	0.009	<.005	ammonia cadmium chromium copper mg/l mg/l mg/l mg/l	0 05		
< .005	0.006	0.006	< .005	0.005	< .005	<.005	<.005	<.005	0.009	<.005	n copper mg/i			
< .005	< .005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	<.005	lead mg/l	0 05		
< 005	0.015	0.006	< .005	0.012	< 005	< .005	< .005	<.005	<,005	<.005	zinc mg/l	0 05		
۵	۵	>1600	\$	1986.3	^	18.5	٠ \$	· <2	^2	2	coliform	total		

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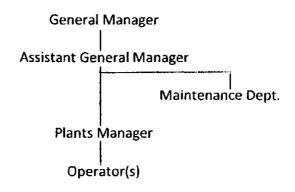
Gordonsville POTW VA2001105

O&M Manual Revision

Page 1-4 through 1-5
Section 1.5 Operational and Management Responsibilities

The operator or operators of the treatment plant will be responsible for the day-to-day activities of the treatment system. Specific duties and responsibilities of the operator(s) are explained in Sections 3 and 7. A minimum of a Class III Wastewater Works Operators License is required for the Operator-in-Charge. Any other personnel working there may be a trainee that is working towards a license. A certified operator or trainee under the supervision of a certified operator is required to be at the plant a minimum of 3 days per week, 3 hours per day or whenever the overland flow system is in operation.

The plant operator shall be responsible for the day-to-day operation of the treatment plant. All minor repairs shall be made by the operator(s). The Plants Manager is the immediate supervisor who oversees all plant operations and schedules major maintenance tasks. The Assistant General Manager shall manage the overall plant operations. The treatment plant operator is responsible for reporting all plant activities to the General Manager or his designee. Routine activities shall be reported to the Plants Manager on a daily basis however any problems at the plant will immediately be reported to the General Manager or his designee. The plant operator(s) are <u>not</u> responsible for communicating with any of the regulatory agencies. That function will be the responsibility of the General Manager or the Assistant General Manager. The following is an organizational and staffing chart.





ENVIRONMENTAL SYSTEMS SERVICE, LTD.

Page:

1

Work Order #:

21630

Contract #:

06/48GORDON

Customer #:

2984

Customer PO #: GORDONSVILLE

Job Location:

GORDONSVILLE WATP

Collected by:

CLIENT

Date Received: 11/17/2011

TAG #:

SAMPLE POINT:

RAPIDAN SERVICE AUTHORITY

RUCKERSVILLE, VA 22968

P. O. BOX 148

SAMPLE DATE: 11/17/2011

55216

Description

SIDE STREAM

Escherichia coli (100 ml)

1046.2

Result

MPN

1

Unit Rpt. Limit Method

COLILERT

Anlys Date Time Init

11/17/11 11:35 TB

Report Date:

November 21, 2011

VA LAB ID#

460019

* Subcontracted test

Attachment 4



ENVIRONMENTAL SYSTEMS SERVICE, LTD.

Page:

Work Order #1

Contract #:

06/48GORDON

Customer #:

2984

21680

Customer PO #: GORDONSVILLE

RAPIDAN SERVICE AUTHORITY

P. O. BOX 148

RUCKERSVILLE, VA 22968

Job Location:

Collected by:

CLIENT

Date Received: 11/18/2011

TAG #: 55256

SAMPLE POINT:

SIDE STREAM

SAMPLE DATE: 11/18/2011

Anlys Date Time Init Unit Rpt. Limit Method Description Result 11/18/11 11:55 TB COLILERT Escherichia coli (100 ml) 1119.9 MPN

Woodward/Technical Director

Report Date:

November 22, 2011

VA LAB ID#

460019

* Subcontracted test

Gordonsville Wastewater Plant

Tot. Rec. Copper Results

	2007	2008	2009	2010	2011
January	4.60	6.25	5.44	6.46	N/D
February	3.30	N/D	N/D	3.45	N/D
March	4.20	6.27	7.92	3.58	7.71
April	4.00	6.42	4.95	6.00	<ql< td=""></ql<>
May	3.00	8.47	4.23	<ql< td=""><td>3.95</td></ql<>	3.95
June	4.00	3.83	5.21	<ql< td=""><td>2.06</td></ql<>	2.06
July	N/D	2.34	3.43	4.30	1.46
August	12.00	2.76	3.19	<ql< td=""><td>1.74</td></ql<>	1.74
Sept.	2.45	N/D	1.55	2.62	8.72
October	N/D	7.94	1.12	2.86	2.62
Nov.	7.24	6.88	1.30	<ql< td=""><td></td></ql<>	
Dec.	6.50	5.83	3.57	3.32	

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	SPECIFIC O				ATTACHED	D. Door or				ש provosed)		 	
A is this facil	ity a publicly ov	wned treatment works which iters of the U.S.? (FORM 2A)	X		X	include a	concentrate	d anin	nal feeding	operation or		$ \mathbf{x} $	
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E Does or		treat store or dispose of		<u> </u>	<u> </u>	F Do you o	i ucy thw re	rject a	t this facility	manstrial or			
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inject fluid	is used for enhan	ncert recovery of oil or natural prage of liquid hydrocarbons?	1	j		Tues, or a z	overy or goo	de lieu e i i i i i	chargy: 100	15,001 47			
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ROCKERSATOR	VA 22968 ☐ YES ☑ NO
, In	
EXISTING ENVIRONMENTAL PERMITS A NPDES (Unscharges to Narpuse Water) 1 P	SD (Ast Emissions from Proposed Sources)
N VA 0021105	
6 UC (Undergrand hycenmed blacks)	E OTHER (speech)
	(specifi)
9 U	OT WILL CONTROL OF THE PROPERTY OF THE PROPERT
C RCRA (Hazardous Wastes)	E OTHER (speech)
g R 9 9 9	
15 15 1. 15	
X1. MAP	t least one mile beyond property boundaries. The map must snow the outline of the facility, these each of its hazardous waste treatment, storage, or disposal incilities, and each well when
Affacts this approach a topographic map of intake and discharge structurijects fluids underground. Include all springs, rivers, and other surface was	t least one mile beyond property douturates. The map the map the property doutural test and each well when the act of its hazardous waste treatment, storage, or disposal bigilities, and each well when when since bothes in the map area. See instructions for precise requirements.
XII. NATURE OF BUSINESS (provide a brief description)	
Municipal wastewater treatment:	
	•
	كالمساخر والمساخر والمساخر
	miliar with the information submitted in this application and all attachments and that, based on mation contained in the application, I believe that the information is true, accurate, and comple- tion including the possibility of fine and imprisonment
am aware that there are significant penalties for submitting raise informa-	SIGNATURE C DATE SIGNED
A. NAME & OFFICIAL TITLE (ope or profit) Dudley M. Pattie	10
General Manager	JULIUS MLAY (6 M/25A 9/26/11
COMMENTS FOR OFFICIAL USE ONLY	
C	

EPA Form 3510-1 (8-90)

CILITY NAME AND PE				Form Approveiα 1/14/99 ОМВ Numbe: 2040-0086
PRODUSVILLE WWTF	TION INFORMATION			
	ICATION INFORMATION FO	R ALL APPLICANTS:		
ARIA. BASIC APPE	t complete questions A.1 through	A.8 of this Basic Appli	ication Information p	acket.
.1. Facility Information				
. 1. Facinty anomico				
Facility name				
Mailing Address	P.O. BOX 148 RUCKERSVILLE, VA 22968			
Contact person	TIMOTHY L. CLEMONS			
litle	ASSISTANT GENERAL MAN	IAGER		
Telephone number	(434) 985-7811			
Facility Address	735 RED HILL RD.			
(not P.O. Box)	GORDONSVILLE, VA 22942			
Applicant name Mailing Address				
Contact person	SAME AS A.1.			
tide				
Telephone numbe				
Indicate whether of facility	correspondence regarding this perm	nit should be directed to the		
A.3. Existing Environ works (include sta	mental Permits. Provide the perm ite-issued permits)	nit number of any existing	environmental permits	s that have been issued to the treatment
NEDES VA 00	21105		PSD <u>NA</u>	
UIC <u>NA</u>				200000000000000000000000000000000000000
				ermit VAN 030046
A.4. Collection Systemath entity and, in etc.).	m Information. Provide information f known, provide information on the	n on municipalities and a type of collection system	reas served by the fac (combined vs. separa	cility. Provide the name and population o tte) and its ownership (municipal, private,
•	Population S	erved Type o	f Collection System	Ownership
Name				
	RDONSVIL -1500	SEPA	RATE	MUNICIPAL
Name TOWN OF GO & ADJACENT		<u>SEPA</u>	RATE	MUNICIPAL

Form 4pproved 1/14/99 FACILITY NAME AND PERMIT NUMBER: OMB Number 2040-0086 GORDONSVILLE WWTP VA0021105 A.5. Indian Country. a. Is the treatment works located in Indian Country? b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country? Yes A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal. a. Design flow rate 0.667 mgd Last Year fhis <u>Ye</u>ar Two Years Ago <u>(),226</u> mgd 0.464 mqd 0.296 :ngd b. Annual average daily flow rate. <u>2.360</u> mgd <u>1.764 mgd</u> 2.829 mgd Maximum daily flow rate. A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each. Separate sanitary sewer Combined storm and sanitary sewer A.8. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.2 If yes, list how many of each of the following types of discharge points the treatment works uses Discharges of treated effluent Discharges of untreated or partially treated effluent iii Combined sewer overflow points iv. Constructed emergericy overflows (prior to the headworks) b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? I yes, provide the following for each surface impoundment: Arinual average daily volume discharged to surface impoundment(s) intermittent? continuous or c. Does the treatment works land-apply treated wastewater? If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another Yes reatment works?

Form Approved 1/14/99 OMB Number 2040-0086 FACILITY NAME AND PERMIT NUMBER: GORDONSVILLE WWTP VA0021105 If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe). If transport is by a party other than the applicant, provide-

	Mailing Address:
	Maining Attoress.
	Contact person.
	litle:
	Telephone number
	f or each treatment works that receives this discharge, provide the following:
	Name:
	Mailing Address
	Contact person:
	Title:
	Telephone number
	If known, provide the NPDES permit number of the treatment works that receives this discharge.
	Provide the average daily flow rate from the treatment works into the receiving facility.
е.	Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?
	If yes, provide the following for each disposal method:
	Description of method (including location and size of site(s) if applicable):
	Annual daily volume disposed of by this method:
	Annual daily volume disposed of by this method: Is disposal through this method continuous or intermittent?

	Y NAME AND PERM		·	. Form Approved 1/14/99 OMB Number 2040-008		
ORDO	NSVILLE WWTP	VA0021105				
WAS	STEWATER DISCHA	RGES:				
If yo	ou answered "yes" to	question A.8.a, complete questions A.9	through A.12 once for each outfa	II (including bypass points) through		
whic	th effluent is discharge	ed. Do not include information on combin- ional Application Information for Applicant	ed sewer overflows in this section. Is with a Design Flow Greater than i	If you answered "no" to question or Equal to 0.1 mad."		
71.01	s, go to , at b,	pp. sand				
.9. D∈	escription of Outfall.					
a.	Outfall number	001				
b.	Location	Town of Gordonsville	22	942		
		(City or town, if applicable)	(Zip VA	Code)		
		(County)	(Sta			
		38 07 35 (Latitude)		ngitude)		
C.	Distance from shore	e (if applicable)	na_ft			
d.	Depth below surfac	e (if applicable)	na ft			
e.			0.401 mgd			
ν.	riverage daily notice			64 (25)		
f.		ve either an intermittent or a	,	641051		
	periodic discharge?		√ Yes	_ No " (go to A.9.g.)		
	If yes, provide the f	ollowing information:				
	Number of times pe	er year discharge occurs:	See attached narrative	<u>e</u>		
	Average duration of	f each discharge:				
	Average flow per di	scharge:		_ mgd		
	Months in which dis	scharge occurs:		_		
g.	is outfall equipped t	with a diffuser?	Yes ✓	No		
<u>u</u> .	13 Odilali equipped			-		
.10. D	escription of Receiv	ing Waters.				
a.	Name of receiving	water unnamed tributary to So	outh Anna River			
	Ť					
b.	Name of watershed	I (if known) York				
	United States Soil (Conservation Service 14-digit watershed of	code (if known): unk			
c.	Name of State Man	agement/River Basin (if known):	York			
	United States Geole	ogical Survey 8-digit hydrologic cataloging	g unit code (if known): <u>u</u>	nk		
أدر	Critical low flow of	receiving stream (if applicable):				
u.	CHILDRING HOW DIT	cocrang stream (ii applicause).				

chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ unk mg/t of CaCO3

acute 0 cfs

Attachment to page 5 of 21

A.9.f.

The Gordonsville wastewater plant is very unique. It is a land application site utilizing spray fields in the treatment of primarily domestic sewage. The plant receives wastewater daily but, because of its configuration and use of storage ponds, does not necessarily discharge on a daily basis. The number of times per year the plant discharges varies according to wet weather/dry weather cycles, field conditions, pond storage capacity, etc. This variation also applies to the duration of any given discharge, the average flow per discharge and the months in which a discharge will occur.

There are times when the plant may go for two months or so with no discharge. There also may be times when the plant will discharge on a daily basis for a period of a week, month, or longer, all depending on what is happening at the plant at that given time. Likewise, when the plant is discharging, the duration and volume of discharge can vary greatly depending on the number of fields in use at the time, the weather, the condition of the grass on the fields, etc. It is very difficult to attempt to attach any specific number to these issues.

The uniqueness of the plant, with its ponds and spray fields provides a great deal of latitude in the actual discharge cycles for the plant.

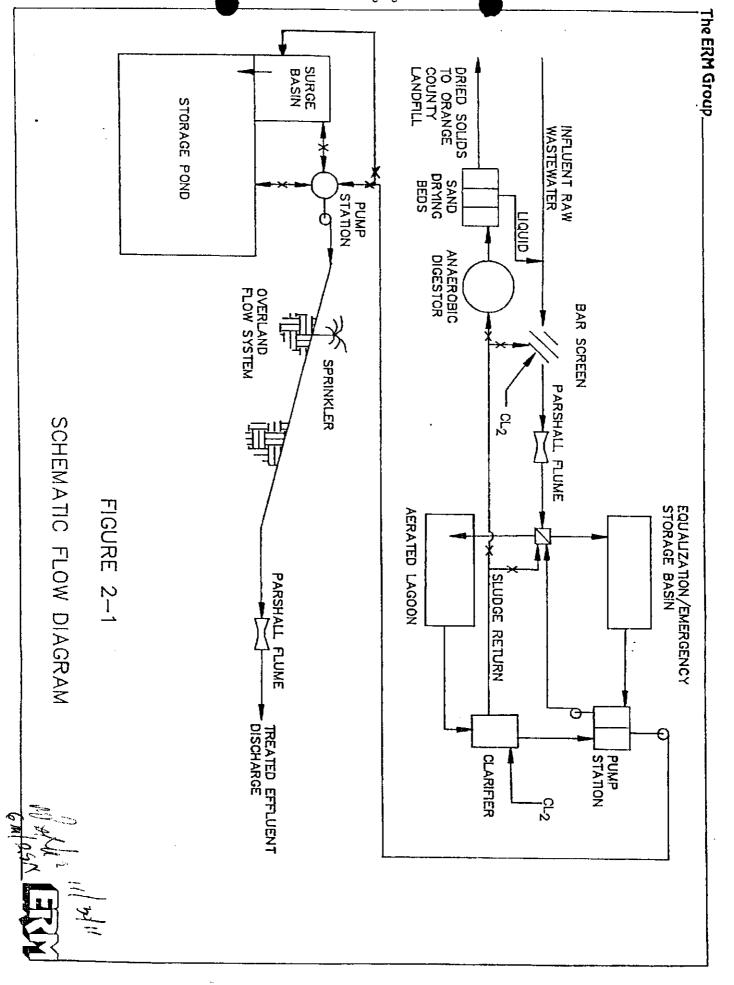
DONSVILLE WWTP	u <mark>t numbe</mark> VA00211										ved 1/14/99 er 2040-0085
. Description of Treatm							***************************************				
What levels of trea	tment are p	rovided	1? Chec	k ail that a	apply.						
F'nmar					ndary						
Advan	ced			Otne	r. Describe:	·					
b. Indicate the follow	ng remova	rates (as appli	icable):							
Design BOD Tem						<u>70</u>	<u> </u>				
Design SS remova		_	J			70)		*6		
•						na			9/ -C		
Design P removal									 ₹ (,		
Design N remova	1					,			······································		
Other						<u>n</u> :					
c. What type of disr	ifection is c	ised for	the efflu	uent from	this outfall? If	disinfection va	ries by seas	son, ple	ase describe		
none											
If disinfection is b	y chlorinali	un, is d	echlorin	ation used	d for this outfa	all?		Yes			No
d Does the treatme								Yes			Nο
Outfall number:	001	 -	M	AXIMUM	DAILY VALUE	 _		AVER	AGE DAILY	VALUE	
PARAMETE	.г.		Value		Units		Value	Units		Number of Sample	
								44.	结套型 1	7. 全,连 7. 全,连	
1 (Minimum)			6.3		5.U.						Chicago Indiana
4 (Maximum)			8.7		S.J						PERMANEN
w Rate 2		2.076		mod	0.327		mga		365		
					mgd	0.327		- 	rees C	365 55	
			14		degrees C	8		deg	ees C	 _	
emperature (Winter)	ort a minim	um and	14	mum daily	degrees C	8		deg		55	
emperature (Winter)	ort a minim		14 23 a maxi	M DAILY	degrees C degrees C	8	DISCHARG	deg	ees C	55 76	ML / MDL
emperature (Winter) emperature (Summer) * For pH please rep	ort a minim	M	14 23 a maxi	M DAILY	degrees C degrees C value	8 21 ERAGE DAILY	its Nun	deg	ees C	55 76	ML / MDL
emperature (Winter) emperature (Summer) * For pH please rep POLLUTANT		Co	23 a maxi AXIMUI DISCH	M DAILY ARGE Units	degrees C degrees C value AVI	8 21 ERAGE DAILY	its Num Sad	deg deg	rees C rees C ANALYTIC METHO	55 76	ML / MDL
emperature (Winter) emperature (Summer) * For pH please rep POLLUTANT		Co	23 a maxi AXIMUI DISCH	M DAILY ARGE Units	degrees C degrees C value AVI	8 21 ERAGE DAILY	its Nun	deg deg	ees C	55 76	ML / MDL
emperature (Winter) emperature (Summer) For ph please rep POLLUTANT ONVENTIONAL AND N	ONCONVE	Co	23 a maxi AXIMUI DISCH	M DAILY ARGE Units	degrees C degrees C value AVI Coi	8 21 ERAGE DAILY nc. Un	Nun Sai	deg deg	rees C ANALYTIC METHOI	55 76	ML / MDL
emperature (Winter) emperature (Summer) For pH please rep POLLUTANT ONVENTIONAL AND N ICCHEMICAL OXYGEN EMAND (Report one)	ONCONVE BOD-5	Co	23 d a maxi AXIMUI DISCH onc.	M DAILY ARGE Units	degrees C degrees C value AVI Coi	8 21 ERAGE DAILY nc. Un	Nun Sai	deg deg	rees C rees C ANALYTIC METHO	55 76 AL	ML / MDL
Temperature (Winter) Temperature (Summer) * For pH please rep	ONCONVE BOD-5	Contion	23 d a maxi AXIMUI DISCH onc.	M DAILY ARGE Units MPOUND mg/l	degrees C degrees C value AVI s Coi	8 21 ERAGE DAILY nc. Un mg/l n/cm	Num Said	deg deg	ees C ees C ANALYTIC METHOI	55 76 AL	ML / MDL

Form Approved 1/14/99 OMB Number 2040-0086

FACILITY NAME AND PERMIT NUMBER:

GOR	DONSV	VILLE WWTP VA0021105	OINB NUMBER 2040-0000
ВА	SIC A	APPLICATION INFORMATION	
PAF	RT B.	ADDITIONAL APPLICATION INFORMATION FOR APPLIEQUAL TO 0.1 MGD (100,000 gallons per day).	CANTS WITH A DESIGN FLOW GREATER THAN OR
All a	pplicants	s with a design flow rate ≥ 0.1 mgd must answer questions B.1 throu	gh B.6. All others go to Part C (Certification).
B.1.	Briefly	and infiltration. Estimate the average number of gallons per day to \$\frac{51,000}{gpd} \tag{9} 9	ation.
B.2.	This me the ent a. The b. The tree c. Ea d. We wo e. An f. If the true c. Ea the	praphic Map. Attach to this application a topographic map of the area product show the outline of the facility and the following information tire area.) e area surrounding the treatment plant, including all unit processes, a major pipes or other structures through which wastewater enters thated wastewater is discharged from the treatment plant. Include out inche well where wastewater from the treatment plant is injected under tells, springs, other surface water bodies, and drinking water wells thorks, and 2) listed in public record or otherwise known to the applicancy areas where the sewage sludge produced by the treatment works the treatment works receives waste that is classified as hazardous unck, rail, or special pipe, show on the map where that hazardous was sposed.	. (You may submit more than one map if one map does not show the treatment works and the pipes or other structures through which trails from bypass piping, if applicable. ground. at are: 1) within 1/4 mile of the property boundaries of the treatment it. is stored, treated, or disposed.
B.3.	backup chlorina	s Flow Diagram or Schematic. Provide a diagram showing the proposer sources or redundancy in the system. Also provide a water lation and dechlorination). The water balance must show daily averages between treatment units. Include a brief narrative description of the second control of t	palance showing all treatment units, including disinfection (e.g. ge flow rates at influent and discharge points and approximate daily
B.4.	Operati	ion/Maintenance Performed by Contractor(s).	
	contract		
		ist the name, address, telephone number, and status of each contra f necessary).	dot and describe the contractors responsibilities (attach administra-
	Name:		
	Mailing	Address:	
	Telepho	one Number:	
	•	sibilities of Contractor:	
B.5.	uncomp treatme B.5 for a	aled Improvements and Schedules of Implementation. Provide pleted plans for improvements that will affect the wastewater treatment works has several different implementation schedules or is planneach. (If none, go to question B.6.)	ent, effluent quality, or design capacity of the treatment works. If the ing several improvements, submit separate responses to question
		st the outfall number (assigned in question A.9) for each outfall that in the control of the con	s covered by this implementation schedule.
: :	_	dicate whether the planned improvements or implementation schedu	ate are required by local. State, or Federal agencies.

<u>√</u> Yes ___No



Form Approved 1/14/99 **FACILITY NAME AND PERMIT NUMBER:** OMB Number 2040-0086 GORDONSVILLE WWTP VA0021105 c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable). Chlorination of final effluent Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible. **Actual Completion** MM / DD / YYYY MM / DD / YYYY Implementation Stage MAGA, 11/3/4 6 M/QSN · ________ 02 / 03 / 2011 - Begin construction 02 / 16 / 2011 - End construction __/ __/ ____ - Begin discharge - Attain operational level 1 1 e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ___Yes Describe briefly: CTO Documentation/paperwork was mailed to DEQ on Nov. 29, 2011. Full time operation can begin upon receipt of CTO. B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY). Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old. Outfall Number: 001 AVERAGE DAILY DISCHARGE MAXIMUM DAILY POLLUTANT DISCHARGE Conc. ANALYTICAL ML/MDL Units Number of Conc. Units METHOD Samples CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. AMMONIA (as N) 137 3.7 mg/l ma/l 0.2 CHLORINE (TOTAL SM 4500.C.1.G 306 < QL mq/l < QL mg/i RESIDUAL, TRC) DISSOLVED OXYGEN 308 SM 4500-0 9.0 mg/l 13.8 mg/l TOTAL KJELDAHL 22 SM 4500.N.B 2.96 mg/l 1.88 mg/l NITROGEN (TKN) NITRATE PLUS NITRITE 22 SM 4500 NO3 E 7,19 mg/l 1.31 mq/l **NITROGEN** OIL and GREASE na PHOSPHORUS (Total) SM 4500 P.E.B 22

END OF PART B. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

mg/l

1.39

2.89

na

na

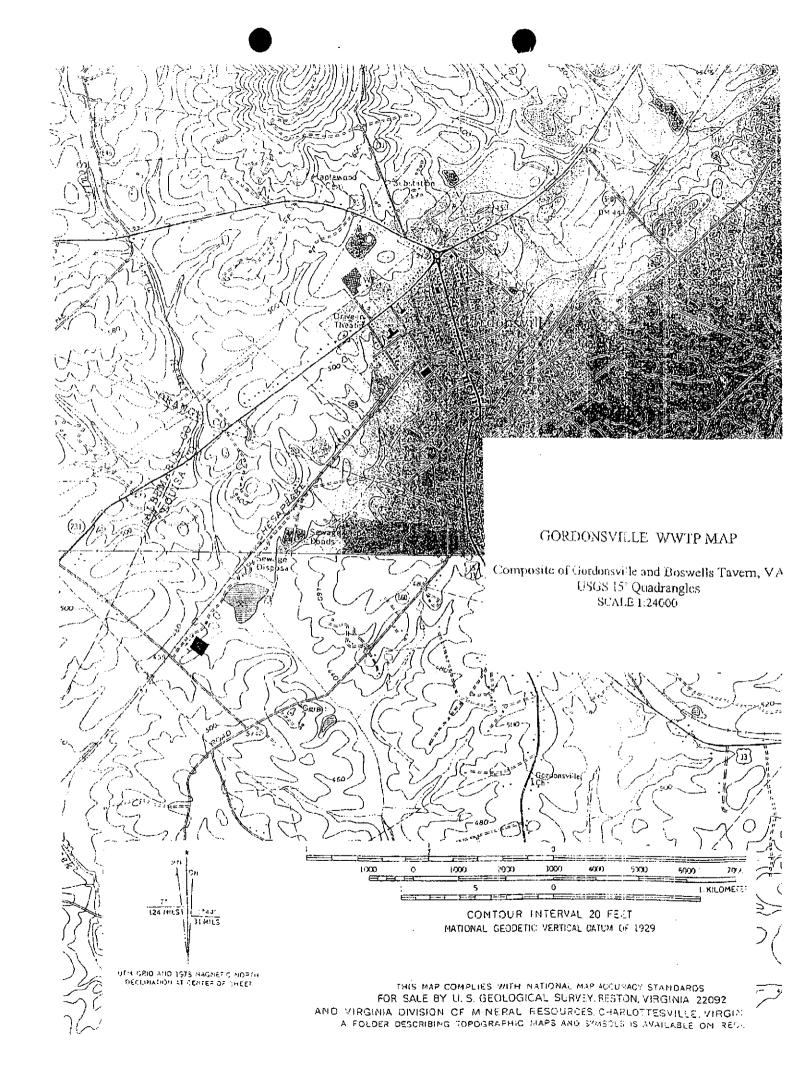
TOTAL DISSOLVED SOLIDS (TDS)

OTHER

mg/l

FACILITY NAME AND PE	RMIT NUMBER:		Form Approved 1/14/99 OMB Number 2040-0066				
GORDONSVILLE WWT							
BASIC APPLICA	TION INFORMAT	ION					
PART C. CERTIFICAT	ION		All in the state of the state o				
applicants must complete	ate the Certification Section all applicable sections of Fo ubmitting. By signing this one facility for which this appli	ertification statement, application	ermine who is an officer for the purposes of this pertification. All application Overview. Indicate below which parts of Form 2A you ants confirm that they have reviewed Form 2A and have completed				
Indicate which parts of E	Form 2A you have comple	ted and are submitting:					
	ition Information packet	Supplemental Application	Information packet:				
		Part D (Expanded Effluent Testing Oata)					
		Part E (Toxicity 1	Festing: Biomonitoring Data)				
1		Part F (Industria	User Discharges and RCRA/CERCLA Wastes)				
ļ		Part G (Combine	ed Sewer Systems)				
		WAING CERTIFICATION					
I certify under penalty of the second to assure that of	prainted personner property or those persons directly re dicomplete. Fam aware tha	all attachments were prepare gather and evaluate the info	ed under my direction or supervision in accordance with a system mation submitted. Based on my inquiry of the person or persons aformation, the information is, to the best of my knowledge and es for submitting false information, including the possibility of fine				
Name and official title	Dudley M. Pattie, Gene	eral Manager MALIS C	5m/251				
Telephone number	(434) 985-7811						
Upon request of the pen works or identify approp	mitting authority, you must striate permitting requirement	submit any other information ts.	necessary to assess wastowater treatment practices at the treatment				

SEND COMPLETED FORMS TO:



VPDES PERMIT NUMBER: VA0021105

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1.	All applicants must complete Section A (General Information).
2.	Does this facility generate sewage sludge? X Yes No
	Does this facility derive a material from sewage sludge? YesX_ No
	It you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).
3.	Does this facility apply sawage shadge to the land? Yes X No
	Is sewage sludge from this facility applied to the land? Yes X No
	If you answer "No" to all above, skip Section C.
	If you answered "Yes" to either, answer the following three questions: NA
	 a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
	b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land. Yes No
	e. Is sewage sludge from this facility sent to another facility for treatment or blending? Yes X No
	If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).
	If you answered "Yes" to a, b or c, skip Section C.
4.	Do you own or operate a surface disposal site! Yes X No
	If "Yes", complete Section D (Surface Disposal).

VPDES PERMIT NUMBER: VA0021105

FACILITY NAME: Gordonsville WWTP

SECTION A. GENERAL INFORMATION

AH	appli	cants must complete this section.						
1. Facility Information.								
	a.	Facility name: Gordonsville WWTP						
	'n.	Contact person: Timothy L. Clemons						
		Title: Assistant General Manager						
		Phone: (434) 985-7811						
	Ċ.	Mailing address:						
		Street or P.O. Box: P.O. Box 148						
		City or Town: Ruckersville State: VA Zip: 22968						
	d.	Facility location:						
		Street or Route #: 735 Red Hill Rd.						
		County: Louisa						
		City or Town: Gordonsville State: VA Zip: 22942						
	e.	Is this facility a Class I sludge management facility' X Yes No						
	f.	Facility design flow rate: 0.667 mgd						
	g.	Total population served:1500						
	h	Indicate the type of facility:						
		Publicly owned treatment works (POTW)						
		Privately owned treatment works						
		Federally owned treatment works						
		Blending or treatment operation						
		Surface disposal site						
		Other (describe):						
2.	Λ	pplicant Information. If the applicant is different from the above, provide the following						
	3.	Applicant name: Rapidan Service Authority						
	b.							
		Street or P.O. Box: P.O. Box 148						
		City or Town: Ruckersville State: VA Zip; 22968						
	С,	Contact person: same as 1, above						
		Title:						
		Phone: ()						
	d.	XownerXoperator						
	3.	Should correspondence regarding this permit be directed to the facility or the applicant?						
3	. Р	ermit Information.						
	a.	Facility's VPDES permit number (if applicable): VA 0021105						
	b. List on this form or an attachment, all other federal, state or local permits or construction approvals recofor that regulate this facility's sewage sludge management practices:							
		Permit Number: Type of Permit:						
		NA						

FA	CILITY NAME: Gordon	asville WWTP	7	VPDES PERMIT NUMBER: VA0021105							
 Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? YesXNo _ If "Yes", describe: 											
5.	Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:										
	 a. Location of all sewa treated, or disposed. 	 Location of all sewage sludge management facilities, including locations where sewage studge is generated, stored, treated, or disposed. 									
		Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.									
Ġ.	Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage studge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage studge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. See Figure 2-1										
7.	Contractor Information treatment, use or dispos	on. Are any operational or m al the responsibility of a con	naintenance aspects tractor? Ye	of this facility related is sXNo	sowage sludge generation,						
	If "Yes", provide the fo	llowing for each contractor ((attach additional pa	ages if necessary).							
	Name:										
	Mailing address:										
		Street or P.O. Box:									
	City or Town: State: Zip:										
	Contractor's Federal, S	Phone: () Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage studge:									
	If the contractor is resp	If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).									
8	8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data is pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected disposal practices. All data must be based on three or more samples taken at least one month apart and must be no not than four and one-half years old. NA										
	POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL, METHOD	DETECTION LEVEL FOR ANALYSIS						
	Acsenic										
	Cadmiun										
	Chromium										
	Copper										
	L.ead										
	Mercury										
	Molybdenum	1	Į.								

Nickel Selenium Zinc

FACILITY NAME: Gordonsville WWTP VPDES PERMIT NUMBER: VA0021105

9.	Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:							
	X Section A (General Information)							
	X_ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sciege)							
	Section C (Land Application of Bulk Sewage Sludge)							
	Section D (Surface Disposal)							
	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."							
	Name and official title) Dydley M. Pattie Signature icall Mydd 6 M Date Signed 9/25/10 Telephone number: (434) 985-7811							
	Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.							

VPDES PERMIT NUMBER: VA0021105

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

		the dry metric tons per 365-day period generated at your facility:0* dry metric tons						
*n	o s	ludge has left site during current permit period						
dis	spo	unt Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or sal, provide the following information for each facility from which sewage sludge is received. If you receive sewage e from more than one facility, attach additional pages as necessary. NA						
a.	1	Facility name:						
ხ.	(Contact Person:						
	•	Fitte:						
	Ì	Phone: ()						
C.		Mailing address:						
		Street or P.O. Box:						
		City or Town: State: Z:p:						
d.		Facility location:						
		(net P.O. Box)						
е		Total dry metric tons per 365-day period received from this facility: dry metric tons						
f.		Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:						
		A,						
3. 1	[re	atment Provided at Your Facility.						
	ì.	Which class of pathogen reduction is achieved for the sewage sludge at your facility? Class A Class B X Neither or unknown						
ł	b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce -							
pathogens in sewage sludge: long holding time								
(۵.	Which vector attraction reduction option is met for the sewage sludge at your facility?						
		Option 1 (Minimum 38 percent reduction in volatile solids)						
		Option 2 (Anaerobic process, with bench-scale demonstration)						
		Option 3 (Aerobic process, with bench-scale demonstration)						
		Option 4 (Specific oxygen uptake rate for aerobically digested sludge)						
		Option 5 (Aerobic processes plus raised temperature)						
		Option 6 (Raise pH to 12 and retain at 11.5)						
		Option 7 (75 percent solids with no unstabilized solids)						
		Option 8 (90 percent solids with unstabilized solids)						
		X None or unknown						
	d.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector						
		attraction properties of sewage sludge: long holding time						
	e,	Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including						
	٠,	blending, not identified in a - d above: NA						

VPDES PERMIT NUMBER: VA0021105

	_	
	Prep One	aration of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class & Pathogen Requirements and of Vector Attraction Reduction Options 1-8 (EQ Sludge). NA
	(If se	wage sludge from your facility does not meet all of these criteria, skip Question 4.)
	à.	Fotal dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
		dry metric tons
	b.	Is sewage sludge subject to this section placed in bags or other containers for sale or give-away? YesNo
5.	Sale	or Give-Away in a Bag or Other Container for Application to the Land. NA
	(Cor	nplete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land ication. Skip this question if sewage sludge is covered in Question 4.)
	ä.	Total dry metric tons per 365-day period of sewage studge placed in a bag or other container at your facility for
		sale or give-away for application to the land: dry metric tons
	ъ.	Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.
ó.	Shi	pment Off Site for Treatment or Blending. NA
	ble: Ski	mplete this question if sewage sludge from your facility is sent to another facility that provides treatment or adding. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. p this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one allity, attach additional sheets as necessary.)
	a.	Receiving facility name:
	b.	Facility contact:
		Title:
		Phone: ()
	u.	Mailing address:
		Street or P.O. Box:
		City or Town: State: Zip:
	d.	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: dry metric tons
	e.	List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices: Permit Number: Type of Permit:
	f.	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? Yes No
		Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility? Class A Class B Neither or unknown
		Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce
		pathogens in sewage sludge:
	g	sludge? Yes No
		Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
		Option 1 (Minimum 38 percent reduction in volatile solids)
		· · · · · · · · · · · · · · · · · · ·

HJI	TY NAME: Gordonsville WWTP VPDES PERMIT NUMBER: VA0021105						
	Option 2 (Anaerobic process, with bench-scale demonstration)						
	Option 3 (Aerobic process, with bench-scale demonstration)						
	Option 4 (Specific oxygen uptake rate for aerobically digested sludge)						
	Option 5 (Aerobic processes plus raised temperature)						
	Option 6 (Raise pH to 12 and retain at 11.5)						
	Option 7 (75 percent solids with no unstabilized solids)						
	Option 8 (90 percent solids with anstabilized solids)						
	None unknown						
	Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce						
	vector attraction properties of sewage sludge:						
	Does the receiving facility provide any additional treatment or blending not identified in for g above? Yes No						
	If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:						
i.	If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.6.						
j	Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes No						
	If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away.						
k.	Will the sewage sludge be transported to the receiving facility in a truck-mounted waterlight tank normally used for such purposes? Yes No. If "No", provide description and specification on the vehicle used to transport the sewage shudge to the receiving facility.						
	Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week						
	and the times of the day sewage sludge will be transported.						
(C	and Application of Bulk Sewage Sludge. NA Somplete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in the land, unless the sewage sludge is covered in the land, unless the sewage sludge is covered in the land, unless the sewage sludge is covered in the land, unless the sewage sludge is covered in the land, unless the sewage sludge.)						
a.	Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:						
	dry metric tons						
b.	Do you identify all land application sites in Section C of this application? Yes No						
If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be accordance with the instructions).							
c. Are any land application sites located in States other than Virginia? Yes No							
	If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.						
d.	Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).						

VPDES PERMIT NUMBER: VA0021105

	face Disposal. NA
Co	omplete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)
a.	Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal
	sites: dry metric tons
b.	Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? Yes No
	If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage shidge to more than one surface disposal site, attach additional pages as necessary.
Ċ.	Site name or number:
₫.	Contact person:
	Title:
	Phone: ()
	Contact is: Site Owner Site operator
e.	Mailing address:
	Street or P.O. Box:
	City or Town: State: Zip
ť.	Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal
	site: dry metric tons
g.	List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
	Permit Number: Type of Permit:
	ncineration. NA Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.,
a	Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge
	incinerator: dry metric tons
b	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? YesNo
	If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
c	. Incinerator name or number:
d	l. Contact person:
	Title:
	Phone: ()
	Contact is: Incinerator Owner Incinerator Operator
6	e. Mailing address:
	Street or P.O. Box:
	City or Town: State: Zip:
,	f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: dry metric tons
	e. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

FACILITY NAME: Gordonsville WWTP VPDES PERMIT NUMBER: VA0021105 of sewage sludge at this incinerator: Permit Number. Type of Permit: 10. Disposal in a Municipal Solid Waste Landfill, (Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, anach additional pages as necessary.) a. Landfill name: Orange County Landfill b. Contact person: Kurt Hildebrand Title: Director of Public Works Phone: (540) 672-9600 Contact is: X Landfill Owner Landfill Operator . c. Mailing address: Street or P.O. Box: P.O. Box 111 City or Town; Orange State: VA Zip: 22960 d. Landfill location. Street or Route #: 11530 Porter Rd. County: Orange City or Town: Orange State: VA Zip: 22960 e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: 0 dry metric tons f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill: Permit Number: Type of Permit: SWP 090 VDEQ Solid Waste Permit g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill? X Yes No h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste

Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be

Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. Right onto Holiday Dr., left onto Klockner Rd., left onto US

Management Regulation, 9 VAC 20-80-10 et seq.? X Yes No

15N, right onto Rt. 20N, right onto Porter Rd. 8:30 am - 4:00 pm M - F.

watertight and covered? ____ Yes ___ No

Crowther, Joan (DEQ)

From:

Tim Clemons [TClemons@rapidan.org] Monday, September 26, 2011 3:29 PM Crowther, Joan (DEQ)

Sent:

To:

Subject:

FW:

Attachments:

Gordonsville POTW.PDF

Joan this should be the e-copy.

Tim

From: Scott Guengerich

Sent: Monday, September 26, 2011 3:28 PM

To: Tim Clemons

Subject:

RAPIDAN SERVICE AUTHORITY 11235 SPOTSWOOD TRAIL PO BOX 148 RUCKERSVILLE, VA 22968 TEL 434-985-7811 FAX 434-985-6075



RAPIDAN SERVICE AUTHORITY 3489 GERMANNA HWY PO BOX 736 LOCUST GROVE, VA 22508 TEL 540-972-2133 FAX 540-972-7065

NORTHER OF ENVIRONMEN

REGIONAL OFFICE

MOODBRIDGE.

Serving the Counties of Greene, Madison and Orange

September 26, 2011

Ms. Joan Crowther
Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, VA 22193

RE:

Gordonsville POTW – VA0021105 Permit Renewal Application

Attached is the permit renewal application for the Gordonsville POTW. RSA believes this is accurate and complete with the exception of some laboratory testing that is presently being performed. We will forward that data to you as soon as it is received.

As part of this permit reissuance, RSA requests that the requirement for groundwater monitoring be removed. In addition, as a result of decreasing flow and customer base, there are several significant items we would like to discuss with you before this application is processed/forwarded to others for review. We would prefer to discuss these items in person and can meet with you at your earliest convenience.

Sincerely,

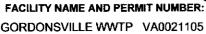
Dudley Pattie 4
General Manager

ч	

n Approved. OMB No. 2040-0086.

FORM							PA I.D. NUMBER					
1 1	\$EPA		NERAL INFORMATION					s				T/A C
m til "				olidated Permits Program neral Instructions" before starting.)				F	VA 0021105			D
GENERAL (Read the					enone coje	(1 Z GENERAL INSTR				JCTION	13] S	14 15
LABEL	. ITEMS								a preprinted tabel has been signated space. Review the infor	provide	d, affix	
I. EPA I.D. NUMBER								is i	ncorrect, cross through it and e propriate fill-in area below. Also,	nter the	correct the pre	data in the printed data
III. FACILITY	NAME	PLEASE	PLA(CE LA	BEL IN THIS	S	PACE	infe	absent (the area to the left or ormation that should appear), ple in area(s) below. If the label is	ase prov	ride it ir	the proper
V. FACILITY ADDRESS								need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item				
VI. FACILITY	LOCATION								scriptions and for the legal auth tails collected.	orization	s unde	which this
II. POLLUTANT	CHARACTERIS	TICS										
submit this form you answer "no	INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions for definitions of bold-faced terms .											
	SPECIFIC QU	IESTIONS	YES	Mark NO	FORM ATTACHED		SPECIFIC	c QL	IESTIONS	YES	Mari	FORM ATTACHED
	y a publicly own	ned treatment works which ers of the U.S.? (FORM 2A)	X		X	B.	include a concentrated	ani	ither existing or proposed, mal feeding operation o	·	X	,,,,,,,,,,,
			18	17	15		discharge to waters of the	he U		19	20	21
waters of th	he U.S. other tha	tly results in discharges to in those described in A or B		X		D.	Is this a proposed facility or B above) which will res the U.S.? (FORM 2D)	<i>(oth</i> sult	er than those described in A in a discharge to waters of		X	
above? (FOI		reat, store, or dispose of	22	23	24	F	Do you or will you inje	ect	at this facility industrial or	25	26	27
	wastes? (FORM			X		• •	municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)				X	
G. Do you or wi	ill you inject at this	s facility any produced water	26	29	30	Н.			······································	31	32	33
or other flu connection v inject fluids	uids which are with conventional used for enhance	brought to the surface in oil or natural gas production, ed recovery of oil or natural age of liquid hydrocarbons?		×		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			of sulfur by the Frasch process, als, in situ combustion of fossil		×	
(FORM 4)		ago of liquid Tryonocationis.	34	35	36				37	30	39	
of the 28 ind which will p pollutant reg	lustrial categories otentially emit 10 julated under the	tionary source which is one listed in the instructions and 00 tons per year of any air Clean Air Act and may affect		×		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act			:	×	-65	
or be located	d in an attainment	t area? (FORM 5)	40	41	42	and may affect or be located in an attainment area? (FORM 5)				43		-
III. NAME OF	FACILITY											
SKIP G(ORDONSVIL		J	1 1	 	I 				69		
IV. FACILITY	CONTACT									.,,,,,,		
TV. TYROLETT	CONTINUE	A. NAME & TITLE (last	, first,	& title)					B. PHONE (area code & no.)	,		
	IY L. CLEM	ONS, ASSISTANT	GEN	ERAI	MANAC	ΞE		(4	34) 985-7811	1		
V EACH TY MA	AILING ADDRESS	2					45	46	46 49 51 52-	56		
V.FACILIT MA	ILING ADDRESS	A, STREET OR P.	O BO)X								
3 P.O. B	OX 148	7,531,22	T	<u> </u>	III							
15 18	<u> </u>	B. CITY OR TOWN					C. STATE	D.	ZIP CODE			
¢ RUCKER												
15 16	The state of the s											
VI. FACILITY LOCATION												
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER c												
15 16	B. COUNTY NAME											
LOUISA	OUISA											
		C. CITY OR TOWN					D. STATE	_	ZIP CODE F. COUNTY	CODE	(if knov	n)
GORDON	SAITTE	111111	1		1 1 1	-	VA 2	229	42	-54		

CONTINUED FROM THE FRONT	
VII. SIC CODES (4-digit, in order of priority)	D CECOND
A. FIRST C (specify) SENAGE SYSTEMS 7 4952	B. SECOND (specify)
15 16 . 19	15 16 - 19
C. THIRD	D. FOURTH
(specify)	C 1 (specify)
VIII. OPERATOR INFORMATION	10 10 - 10
A NAME RAPIDAN SERVICE AUTHORITY	B. Is the name listed in Item VIII-A also the owner? ☑ YES □ NO
15 16	5 %
C. STATUS OF OPERATOR (Enter the appropriate letter in	to the answer box: if "Other," specify.) D. PHONE (area code & no.)
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)	(specify) A (434) 985-7811
56	15 6 - 18 19 - 21 22 - 26
E. STREET OR P.O. BOX P.O. BOX 148	
28	55
F. CITY OR TOWN B RUCKERSVILLE	G. STATE H. ZIP CODE IX. INDIAN LAND VA 22968 ST YES IZ NO
15 16	40 41 42 47 . 51
X. EXISTING ENVIRONMENTAL PERMITS	
A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from Proposed Sources)
9 N VA 0021105 9 P	30
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
C T 1 9 U 9 9 15 16 17 18 30 15 16 17 18	(specify)
C. RCRA (Hazardous Wastes)	E. OTHER (specify)
9 R 9	(specify)
15 16 17 18 30 15 16 17 18	30
XI. MAP	
	t one mile beyond property boundaries. The map must show the outline of the facility, the each of its hazardous waste treatment, storage, or disposal facilities, and each well where it odies in the map area. See instructions for precise requirements.
XII. NATURE OF BUSINESS (provide a brief description)	
Municipal wastewater treatment.	
XIII. CERTIFICATION (see instructions)	
	with the information submitted in this application and all attachments and that, based on my contained in the application, I believe that the information is true, accurate, and complete. I cluding the possibility of fine and imprisonment.
A. NAME & OFFICIAL TITLE (type or print) B. SIGNA	TURE C. DATE SIGNED
Dudley M. Pattie	10 // 1/ 0/ /
General Manager	Wy MLD4126N/25A 9/26/11
COMMENTS FOR OFFICIAL USE ONLY	



GOR	DONSVILLE WWTI	P VA0021105				OMB Number 2040-0086				
ВА	SIC APPLICA	TION INFO	RMATION							
			ORMATION FOR ALL AF							
	All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.									
A.1.	.1. Facility Information.									
	Facility name	GORDONSV	LLE WWTP	-						
	Mailing Address	P.O. BOX 148 RUCKERSVII	3 LE, VA 22968							
	Contact person	TIMOTHY L.	CLEMONS		<u> </u>	333				
	Title	ASSISTANT (GENERAL MANAGER							
	Telephone number	(434) 985-78	11							
	Facility Address	735 RED HILL GORDONSVI	RD. LLE, VA 22942							
	(not P.O. Box)	15.1	to the state of							
A.2.			ant is different from the above	e, provide the tollowin	g.					
	Applicant name	RAPIDAN SE	RVICE AUTHORITY							
	Mailing Address	P.O. BOX 14	8 LLE, VA 22968							
	Contact person	SAME AS A.								
	Title									
	Telephone number									
	Is the applicant the	owner or opera	itor (or both) of the treatme	nt works?						
	owner		_ operator							
		respondence reg	arding this permit should be	directed to the facility	or the applicant.					
	facility		_ applicant							
A.3.	Existing Environme works (include state		rovide the permit number of	any existing environm	nental permits that l	nave been issued to the treatment				
	NPDES <u>VA 0021</u>	105		PSD	NA					
	UIC <u>NA</u>			Other	NA	1-				
	RCRA NA			Other	General Permit	VAN 030046				
A.4.						Provide the name and population of dits ownership (municipal, private,				
	Name		Population Served	Type of Collecti	on System	Ownership				
	TOWN OF GORD	ONSVIL	~1500	SEPARATE	EPARATE MUNICIPAL					
	& ADJACENT AR	<u>EA</u>								

Total population served ~1500

average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month period with the 12th month of "this year" occurring no more than three months prior to this application submittal. a. Design flow rate	R	00	NSVILLE WWTP VA0021105				OMB Number 20	740-000
b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually if through) Indian Country? Yes	5.	Ind	lian Country.					
b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually if through) indian Country? Yes No 6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month period with the 12th month of "this year" occurring no more than three months prior to this application submittal. a. Design flow rate O.667 mgd Two Years Ago Last Year D. Annual average daily flow rate O.296 mgd O.464 mgd O.226 r C. Maximum daily flow rate O.296 mgd O.464 mgd O.226 r C. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the contribution (by miles) of each. Separate sanitary sewer Combined storm and sanitary sewer Combined storm and sanitary sewer S. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.? If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of untreated or partially breated effluent iii. Combined sever overflow points iv. Constructed emergency overflows (prior to the headworks) V. Other D. Does the treatment works discharge affluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? C. Does the treatment works land-apply treated wastewater? If yes, provide the following for each surface impoundment? C. Does the treatment works sland-apply treated wastewater? If yes, provide the following for each surface impoundment is list. Location: Number of acres: Annual average daily volume applied		a.	Is the treatment works located in Indian Co	untry?				
through) Indian Country? Yes			Yes					
6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provious retage daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month period with the 12th month of "this year" occurring no more than three months prior to this application submittal. a. Design flow rate		b.		eceiving water that is either i	n Indian Country or that is ups	tream fro	m (and eventually	y flows
a. Design flow rateO.667 mgd Two Years Ago			Yes					
b. Annual average daily flow rate	i.6.	ave	erage daily flow rate and maximum daily flow	rate for each of the last thre	ee years. Each year's data m	ust be bas		
b. Annual average daily flow rate		a.	Design flow rate 0.667 mgd					
C. Maximum daily flow rate 1.764 mgd 2.829 mgd 2.360 mg				Two Years Ago	Last Year	This Ye	<u>ear</u>	
L7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the contribution (by miles) of each. ✓ Separate sanitary sewer 100 combined storm and search of the following types of discharge points the treatment works uses: i. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.? Yes 1 combined sewer overflow points 1 combined sewer overflows (prior to the headworks) 0 combined sewer overflows (prior to the headworks) 0 combined sewer overflow points 1 combined sewer overflows (prior to the headworks) 0 combined sewer overflow for the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? Yes 1 constituted the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) mgd 1 s discharge 1 continuous or 1 intermittent? c. Does the treatment works land-apply treated wastewater? Yes 1 continuous or 1 intermittent? If yes, provide the following for each land application site: 1 Mgd 1 s land application 2 continuous or 1 intermittent?		b.	Annual average daily flow rate	0.296 mgd	0.464 mgd		0.226	mgd
Separate sanitary sewer Combined storm and sanitary sewer Combined storm and sanitary sewer Combined storm and sanitary sewer a. Does the treatment works discharge effluent to waters of the U.S.? If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent ii. Discharges of treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) If yes, provide the following for each surface impoundment(s) If yes, provide the following for each surface impoundment(s) Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Annual average daily volume applied to site: Location: Annual average daily volume applied to site: Location: Annual average daily volume applied to site:		c.	Maximum daily flow rate	1.764 mgd	2.829 mgd		2.360	mgd
A.8. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.? If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent ii. Discharges of untreated or partially treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another	L7.		ntribution (by miles) of each.	lection system(s) used by th	e treatment plant. Check all t	hat apply.		•
If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent ii. Discharges of untreated or partially treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? Yes If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another			Combined storm and sanitary sewer					%
If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent ii. Discharges of untreated or partially treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? Yes If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another	.8.	Dis	charges and Other Disposal Methods.					
i. Discharges of treated effluent ii. Discharges of untreated or partially treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another		a.	Does the treatment works discharge effluer	nt to waters of the U.S.?		Yes		No
iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another			If yes, list how many of each of the following	g types of discharge points	the treatment works uses:			
iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another			i. Discharges of treated effluent				1	
iv. Constructed emergency overflows (prior to the headworks) v. Other			ii. Discharges of untreated or partially treated	ated effluent			0	
b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent?			iii. Combined sewer overflow points				0	
b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? Yes \intermittent? Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another			iv. Constructed emergency overflows (price	or to the headworks)			0	
impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? Yes / If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another			v. Other				0	
Location: Annual average daily volume discharged to surface impoundment(s) mgd Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? Yes ✓ ff yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another		b.				Yes	_ ✓	No
Annual average daily volume discharged to surface impoundment(s) mgd			If yes, provide the following for each surface	e impoundment:				
Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? Yes / No			Location:		·			
c. Does the treatment works land-apply treated wastewater? If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Is land application Continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another			Annual average daily volume discharged to	surface impoundment(s)			mgd	
If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another			Is discharge continuous or	intermittent?				
Location: Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another		C.	Does the treatment works land-apply treate	d wastewater?		Yes	✓	No
Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another			If yes, provide the following for each land a	pplication site:				
Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another			Location:					
Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another			Number of acres:					
d. Does the treatment works discharge or transport treated or untreated wastewater to another			Annual average daily volume applied to site	e:	Mgd			
Ann - Inc 1 - 0			Is land application continuo	us or intermit	tent?			
res V		ď.	Does the treatment works discharge or trar treatment works?	sport treated or untreated w	rastewater to another	Yes	✓	No

FACILITY NAME AND PERMIT NUMBER:

FACILITY NAME AND PERMIT NUMBER: GORDONSVILLE WWTP VA0021105

	If transport is by a part	y other than the a	pplicant, p	provide:					
	Transporter name:								
	Mailing Address:								
	Contact person:								
	Title:								
	Telephone number:				20				
	Name: Mailing Address:								
	Walling / Naticess.								
		·							
	Contact person:								
	Contact person:								
	Title:					ives this discha	ırge.		
	Title: Telephone number:	IPDES permit nur	mber of th	e treatment	vorks that rece		nrge.		mg
	Title: Telephone number: If known, provide the N	IPDES permit nur	mber of the	e treatment v nent works in	works that receiving the receiving terms are manner	g facility.		Yes	 mg
-	Title: Telephone number: If known, provide the N Provide the average de	IPDES permit nur aily flow rate from orks discharge or c ove (e.g., underg	mber of the the treatm dispose of tround per	e treatment v nent works in f its wastewa colation, wel	works that receiving the receiving terms are manner	g facility.		Yes	
	Title: Telephone number: If known, provide the N Provide the average di Does the treatment wo A.8.a through A.8.d ab	IPDES permit nur aily flow rate from orks discharge or c ove (e.g., undergi wing for each disp	mber of the the treatm dispose of round per posal met	e treatment vorks in nent works in f its wastewa colation, wel hod:	works that receiving the receiving terms of the receiving terms of the receiving terms of the receiving terms of the receiving t	g facility.		Yes	

FACILITY NAME AND PERM	NIT NUMBER:
GORDONSVILLE WWTP	VA0021105

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

a. Name of receiving water	(Cip or town, if applicable) LOUISS (County) 38 07 35 (Custry) 38 07 35 (Latitude) (Longitude) C. Distance from shore (if applicable) Depth below surface (if applicable) e. Average daily flow rate Does this outfall have either an intermittent or a periodic discharge? If yes, provide the following information: Number of times per year discharge occurs: Average duration of each discharge: Average flow per discharge Months in which discharge occurs: g. Is outfall equipped with a diffuser? Yes No No No No Go to A.9.g.) No Hy yes No No Co to A.9.g.) No Co to A.9.g.) No Co to A.9.g.) If yes, provide the following information: Number of times per year discharge occurs: Average duration of each discharge: Average flow per discharge: Months in which discharge occurs: g. Is outfall equipped with a diffuser? Yes No No Lo Description of Receiving Waters. a. Name of receiving water unnamed tributary to South Anna River b. Name of watershed (if known) York United States Soil Conservation Service 14-digit watershed code (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs chronic 0 cfs	a.	Outfall number	001		
County 38 07 35	County 38 07 35 78 12 00	b.	Location	(City or town, if applicable)		(Zip Code)
C. Distance from shore (if applicable) d. Depth below surface (if applicable) e. Average daily flow rate f. Does this outfall have either an intermittent or a periodic discharge? If yes, provide the following information: Number of times per year discharge occurs: Average duration of each discharge: Average flow per discharge: Months in which discharge occurs: g. Is outfall equipped with a diffuser? Yes No No No No In the content of the content of the content occurs of the content occurs occurs. No No No No No No No No No N	C. Distance from shore (if applicable) c. Distance from shore (if applicable) d. Depth below surface (if applicable) e. Average daily flow rate f. Does this outfall have either an intermittent or a periodic discharge? If yes, provide the following information: Number of times per year discharge occurs: Average duration of each discharge: Months in which discharge occurs: g. Is outfall equipped with a diffuser? Yes No No No No No No No No No N			(County)		
c. Distance from shore (if applicable)	c. Distance from shore (if applicable)			38 07 35		
d. Depth below surface (if applicable)	d. Depth below surface (if applicable)			, ,		
e. Average daily flow rate	e. Average daily flow rate	C.	Distance from shore	(if applicable)	na	т.
f. Does this outfall have either an intermittent or a periodic discharge?	f. Does this outfall have either an intermittent or a periodic discharge?	d.	Depth below surface	e (if applicable)	na	ft.
periodic discharge? Yes No (go to A.9.g.) If yes, provide the following information: Number of times per year discharge occurs: Average duration of each discharge: Average flow per discharge: Months in which discharge occurs: g. Is outfall equipped with a diffuser? Yes No O. Description of Receiving Waters. a. Name of receiving water unnamed tributary to South Anna River b. Name of watershed (if known) York United States Soil Conservation Service 14-digit watershed code (if known): unk C. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs chronic 0 cfs	periodic discharge? Yes No (go to A.9.g.) If yes, provide the following information: Number of times per year discharge occurs: Average duration of each discharge: Average flow per discharge: Months in which discharge occurs: g. Is outfall equipped with a diffuser? Yes No No Description of Receiving Waters. a. Name of receiving water unnamed tributary to South Anna River b. Name of watershed (if known) York United States Soil Conservation Service 14-digit watershed code (if known): unk C. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs chronic 0 cfs	e.	Average daily flow ra	ate	0.401	mgd
Number of times per year discharge occurs: Average duration of each discharge: Average flow per discharge: Months in which discharge occurs: g. Is outfall equipped with a diffuser? Yes No No Description of Receiving Waters. a. Name of receiving water unnamed tributary to South Anna River b. Name of watershed (if known) York United States Soil Conservation Service 14-digit watershed code (if known): unk c. Name of State Management/River Basin (if known): York United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs chronic 0 cfs	Number of times per year discharge occurs: Average duration of each discharge: Average flow per discharge: Months in which discharge occurs: g. Is outfall equipped with a diffuser? Yes No 10. Description of Receiving Waters. a. Name of receiving water unnamed tributary to South Anna River b. Name of watershed (if known) York United States Soil Conservation Service 14-digit watershed code (if known): unk C. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute0 cfs	f.		e either an intermittent or a	Yes	✓ No (go to A.9.g.)
Average flow per discharge: Average flow per discharge: Months in which discharge occurs: g. Is outfall equipped with a diffuser? Yes No Description of Receiving Waters. a. Name of receiving water unnamed tributary to South Anna River b. Name of watershed (if known) York United States Soil Conservation Service 14-digit watershed code (if known): unk c. Name of State Management/River Basin (if known): York United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs chronic 0 cfs	Average flow per discharge:		If yes, provide the fo	sllowing information:		
Average flow per discharge:	Average flow per discharge:		Number of times per	year discharge occurs:		
Months in which discharge occurs: g. Is outfall equipped with a diffuser? Yes No Description of Receiving Waters. a. Name of receiving water unnamed tributary to South Anna River b. Name of watershed (if known) York United States Soil Conservation Service 14-digit watershed code (if known): unk c. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs cfs chronic 0 cfs	Months in which discharge occurs: g. Is outfall equipped with a diffuser? Yes No Description of Receiving Waters. a. Name of receiving water unnamed tributary to South Anna River b. Name of watershed (if known) York United States Soil Conservation Service 14-digit watershed code (if known): unk c. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs cfs chronic 0 cfs		Average duration of	each discharge:		
g. Is outfall equipped with a diffuser? Yes No Description of Receiving Waters. a. Name of receiving water unnamed tributary to South Anna River b. Name of watershed (if known) York United States Soil Conservation Service 14-digit watershed code (if known): unk c. Name of State Management/River Basin (if known): York United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs chronic 0 cfs	g. Is outfall equipped with a diffuser? Yes		Average flow per dis	charge:		mgd mgd
a. Name of receiving water unnamed tributary to South Anna River b. Name of watershed (if known) York United States Soil Conservation Service 14-digit watershed code (if known): unk c. Name of State Management/River Basin (if known): York United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs chronic 0 cfs	a. Name of receiving water unnamed tributary to South Anna River b. Name of watershed (if known) York United States Soil Conservation Service 14-digit watershed code (if known): unk c. Name of State Management/River Basin (if known): York United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute0 cfs		Months in which disc	charge occurs:		
a. Name of receiving water	a. Name of receiving water unnamed tributary to South Anna River b. Name of watershed (if known) York United States Soil Conservation Service 14-digit watershed code (if known): unk c. Name of State Management/River Basin (if known): York United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs chronic 0 cfs	g.	Is outfall equipped w	vith a diffuser?	Yes	No
b. Name of watershed (if known) Vork United States Soil Conservation Service 14-digit watershed code (if known): unk c. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs cfs	b. Name of watershed (if known) United States Soil Conservation Service 14-digit watershed code (if known): unk c. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs cfs	0. De	scription of Receivi	ng Waters.		
United States Soil Conservation Service 14-digit watershed code (if known): unk c. Name of State Management/River Basin (if known): York United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute of cfs cfs	United States Soil Conservation Service 14-digit watershed code (if known): Lunk C. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute 0 cfs chronic 0 cfs	a.	Name of receiving w	vater unnamed tributary	y to South Anna River	
c. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute	c. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk d. Critical low flow of receiving stream (if applicable): acute of cfs cfs	b.	Name of watershed	(if known) <u>\</u>	/ork	
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): d. Critical low flow of receiving stream (if applicable): acute ofs cfs cfs	United States Geological Survey 8-digit hydrologic cataloging unit code (if known): d. Critical low flow of receiving stream (if applicable): acute ofs cfs cfs		United States Soil C	onservation Service 14-digit water	shed code (if known):	unk
d. Critical low flow of receiving stream (if applicable): acute ofs cfs cfs	d. Critical low flow of receiving stream (if applicable): acute cfs chronic cfs	C.	Name of State Mana	agement/River Basin (if known):	<u>York</u>	
acute ofs chronic ofs	acute ofs chronic ofs		United States Geolo	gical Survey 8-digit hydrologic cata	aloging unit code (if known)): <u>unk</u>
		d.			chronic ()	rfe
e. Total hardness of receiving stream at critical low flow (if applicable): unk mg/l of CaCO3	e. Total hardness of receiving stream at critical low flow (if applicable): unk_ mg/l of CaCO3		·			

GORDONSVILLE WW1	P VA00	21105											OMD I	William 2040-0000
A.11. Description of Tre	atment.													
a. What levels of t	reatment a	re provi	ded? CI	heck all	l that	apply	y.							
Pri	mary			<u>✓</u>	Sec	onda	.r y							
Ad	vanced				Othe	er. I	Describe:			- "				
b. Indicate the foll	owing remo	oval rate	ıs (as a _l	pplicab!	le):									
Design BOD _s re)esign C	BOD _s r	emova	1			<u>7</u>	0			%			
Design SS rem	oval							7	0			%		
Design P remo	val							<u>n</u>	а			%		
Design N remo	val							<u>n</u>	а			%		
Other								n	а			%		
c. What type of di	sinfection is	s used f	– or the e	ffluent i	from 1	this c	outfall? If dis	infection va	ries	by seaso	n. pi	lease describ	oe.	
none	on neonon w	, 4504	01 (110 0							- ,	, ,			
If disinfection is	hu oblorin	otion in	dochlar	ination	ucad	d for t	this outfall?				Ye	e e		No
	•				useu	1 101 1	IIIS OUUAII:		-		Ye	<u></u>		_
d. Does the treatr	nent plant r	lave pos	st aerau	on?					_		16	<u></u>		No
Outfall number:	001			······································			-	· · · · · · · · · · · · · · · · · · ·				RAGE DAILY		one-half years apart.
PARAME	EK					JM DAILY VALUE		Value		V C.1	Units			
				'alue	4		Units	V	alut		unit dist	UINIS		Number of Samples
pH (Minimum)			6.3				s.u.		13					
pH (Maximum)			8.7		_	s.u.				ian kabusan sa kabusan k				
Flow Rate			2.076		\rightarrow	mgd		0.327			ngo		365)
Temperature (Winter)			14 23				ees C ees C	8 21				rees C rees C	55 76	
Temperature (Summer) * For pH please rep	ort a minin	num and		imum d				21		'	Jey	iees C	170	
POLLUTANT		T	AXIMU DISCH	M DAIL	LY			E DAILY [OISC	HARGE		ANALYTIC METHO		ML / MDL
		Co	пс.	Uı	nits		Conc.	Unit	5	Number Sampl	_			
CONVENTIONAL AND N	ONCONVE	NTION	AL CO	MPOUN	NDS.									
BIOCHEMICAL OXYGEN	BOD-5	15		mg/l		1		mg/l		137		SM 5210E	3	
DEMAND (Report one)	CBOD-5	<u> </u>	·			\perp								
FECAL COLIFORM		1300		n/cml	l	2	17	n/cml		11		IDEXX-Co	lilert	
TOTAL SUSPENDED SOLI	DS (TSS)	19		mg/l		4		mg/l		137		SM 25400)	
REFER TO THE	APPLI	CATI	ON (RVII	EW	OF PAI TO DE MUST C	TERMIN			H (OTHER	PAR	RTS OF FORM

FACILITY NAME AND PERMIT NUMBER:

FACILITY NAME AND PERMIT NUMBER:

GORDONSVILLE WWTP VA0021105

BA	SIC	APPLICATION INFORMATION
PAR	ſB.	ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).
All ap	plica	nts with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).
B.1.	Brie	ow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration. 121,000 gpd fly explain any steps underway or planned to minimize inflow and infiltration. Intinue prioritized repair/replacement of lines previously identified through smoke testing and TV inspection.
B.2.	Toj	ographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. amap must show the outline of the facility and the following information. (You may submit more than one map if one map does not show
		entire area.)
		The area surrounding the treatment plant, including all unit processes.
	b.	The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
	C.	Each well where wastewater from the treatment plant is injected underground.
	d.	Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
	e.	Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
	f.	If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.
	back chlo	tess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all up power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., rination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily rates between treatment units. Include a brief narrative description of the diagram.
B.4.	Оре	ration/Maintenance Performed by Contractor(s).
		any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a ractor?YesYesYes
		s, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional es if necessary).
	Nan	e:
	Vlail	ing Address:
	Геle	phone Number:
	Res	consibilities of Contractor:
	rea:	eduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or impleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the ment works has several different implementation schedules or is planning several improvements, submit separate responses to question for each. (If none, go to question B.6.)
	Э.	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule. 001
	b.	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
		J Van Na

FACILITY NAME AND PERMIT NUMBER:

GORDONSVILLE WWTP VA0021105

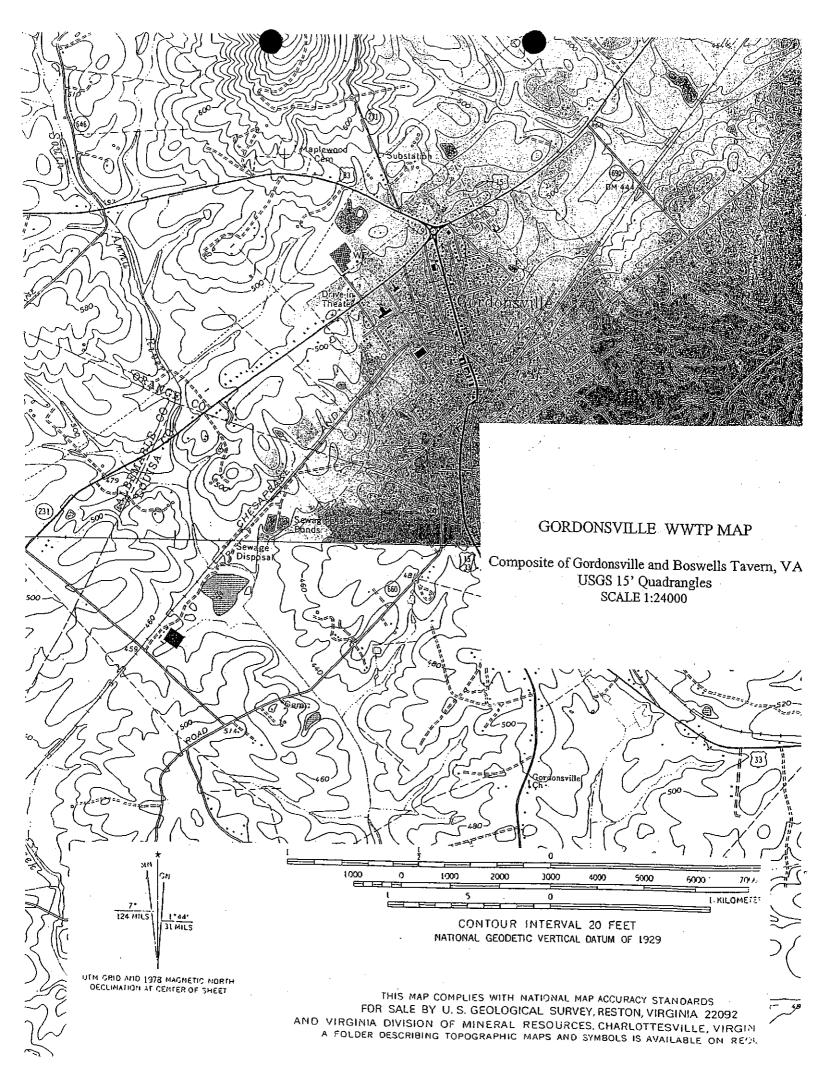
JUNDU	MOVILLE ANALIL	VA0021103						
С	If the answer to B.	5.b is "Yes," brid	efly describe, inc	duding new max	mum daily inflow	rate (if applicat	ole).	
	Chlorination of fi	inal effluent			i.u	·		
d.	Provide dates impo applicable. For im applicable. Indical	provements pla	nned independe	ently of local, Sta	dates of completi te, or Federal ag	ion for the imple encies, indicate	mentation steps listed planned or actual com	below, as pletion dates, as
			Schedule	•	Actual Completic	on		
	Implementation St	age	MM / DD	/ YYYY	MM / DD / YYYY	i		
	- Begin construction	on	/	/				
	- End construction	1	/	/ <u></u>				
	- Begin discharge			/ <u></u>	!!			
	 Attain operations 	al level	/	/	_/_/			
e.	Have appropriate Describe briefly:						Yes	_No
me sta po	ethods. In addition.	this data must d analytes not add	comply with QA/0 dressed by 40 C	QC requirements FR Part 136. At	of 40 CFR Part a minimum, efflu	136 and other a	nducted using 40 CFR ppropriate QA/QC requ must be based on at l	uirements for
P	OLLUTANT		UM DAILY CHARGE	AVER	AGE DAILY DISC	CHARGE		
		Conc.	Units	Conc.	Units	Number of Samples	ANALYTICAL METHOD	ML / MDL
CONVEN	TIONAL AND NON	CONVENTION	AL COMPOUND	os.	•			
AMMONI	A (as N)	3.7	mg/l	0.2	mg/l	137		
	NE (TOTAL NL, TRC)	< QL	mg/i	< QL	mg/l	306	SM 4500.C.1.G	
DISSOLV	ED OXYGEN	13.8	mg/l	9.0	mg/l	308	SM 4500-0	
-	JELDAHL EN (TKN)	2.96	mg/l	1.88	mg/l	22	SM 4500.N.B	
NITRATE NITROGE	PLUS NITRITE En	7.19	mg/l	1.31	mg/l	22	SM 4500 NO3 E	
	GREASE	na						
PHOSPH	ORUS (Total)	2.89	mg/l	1.39	mg/l	22	SM 4500 P.E.B	· · · · · · · · · · · · · · · · · · ·
TOTAL D SOLIDS (ISSOLVED TDS)	na						
OTHER		na				1		
			-		-	-	<u> </u>	

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99 OMB Number 2040-0086
GORDONSVILLE WWTP VA0021105	OMB Number 2010-000
BASIC APPLICATION INFORMATION	
PART C. CERTIFICATION	
All applicants must complete the Certification Section. Refer to instructions to applicants must complete all applicable sections of Form 2A, as explained in the have completed and are submitting. By signing this certification statement, applications that apply to the facility for which this application is submitted.	e Application Overview. Indicate below which parts of Form 2A you
Indicate which parts of Form 2A you have completed and are submitting:	
Basic Application Information packet Supplemental Applicat	ion Information packet:
Part D (Expar	nded Effluent Testing Data)
Part E (Toxici	ty Testing: Biomonitoring Data)
Part F (Indust	rial User Discharges and RCRA/CERCLA Wastes)
Part G (Comb	ined Sewer Systems)
ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.	
I certify under penalty of law that this document and all attachments were prep designed to assure that qualified personnel properly gather and evaluate the ir who manage the system or those persons directly responsible for gathering the belief, true, accurate, and complete. I am aware that there are significant penal and imprisonment for knowing violations.	formation submitted. Based on my inquiry of the person or persons information, the information is, to the best of my knowledge and
Name and official title Dudley M. Pattie, General Manager	
Signature) July MALIS	6m/2S1,
Telephone number (434) 985-7811	
Date signed — 9/26///	·····
Upon request of the permitting authority, you must submit any other informatio works or identify appropriate permitting requirements.	n necessary to assess wastewater treatment practices at the treatment

SEND COMPLETED FORMS TO:



SCHEMATIC FLOW DIAGRAM

FIGURE 2-1

VPDES PERMIT NUMBER: VA0021105

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1.	All applicants must complete Section A (General Information).
2.	Does this facility generate sewage sludge?X Yes No
	Does this facility derive a material from sewage sludge?YesXNo
	If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derive From Sewage Sludge).
3.	Does this facility apply sewage sludge to the land? YesX No
	Is sewage sludge from this facility applied to the land? YesXNo
	If you answer "No" to all above, skip Section C.
	If you answered "Yes" to either, answer the following three questions: NA
	 Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathoger reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions? Yes
	b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the landYesNo
	c. Is sewage sludge from this facility sent to another facility for treatment or blending?YesXNo
	If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).
	If you answered "Yes" to a, b or c, skip Section C.
4.	Do you own or operate a surface disposal site? YesXNo
	If "Yes", complete Section D (Surface Disposal).

VPDES PERMIT NUMBER: VA0021105

SECTION A. GENERAL INFORMATION All applicants must complete this section. 1. Facility Information. a. Facility name: Gordonsville WWTP b. Contact person: Timothy L. Clemons Title: Assistant General Manager Phone: (434) 985-7811 c. Mailing address: Street or P.O. Box: P.O. Box 148 City or Town: Ruckersville State: VA Zip: 22968 d. Facility location: Street or Route #: 735 Red Hill Rd. County: Louisa City or Town: Gordonsville State: VA Zip: 22942 e. Is this facility a Class I sludge management facility? __X__ Yes ____ No f. Facility design flow rate: 0.667 mgd Total population served: ~1500 h. Indicate the type of facility: Publicly owned treatment works (POTW) Privately owned treatment works Federally owned treatment works _____ Blending or treatment operation Surface disposal site Other (describe): 2. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant name: Rapidan Service Authority b. Mailing address: Street or P.O. Box: P.O. Box 148 City or Town: Ruckersville State: VA Zip: 22968 c. Contact person: same as 1. above Title: Phone: (d. Is the applicant the owner or operator (or both) of this facility? __X__ owner X operator Should correspondence regarding this permit be directed to the facility or the applicant? facility __X_ applicant 3. Permit Information. a. Facility's VPDES permit number (if applicable): VA 0021105 b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices: Permit Number: Type of Permit: NA

FA	CILITY NAME: Gord	lonsville WWTP		VPDES PERMIT NU	MBER: VA0021105
4.	Indian Country. Doe facility occur in Indian	s any generation, treatment, Country?Yes>	storage, application No If "Yes",	to land or disposal of sedescribe:	ewage sludge from this
5.	Topographic Map. P. that shows the following facility:	rovide a topographic map or g information. Maps should	maps (or other app d include the area on	ropriate maps if a topog e mile beyond all prope	graphic map is unavailable) erty boundaries of the
	a. Location of all severated, or disposeb. Location of all we	lls, springs, and other surfac	e water bodies listed		
6.	Line Drawing. Provide be employed during the sewage sludge, the des	/4 mile of the property boun de a line drawing and/or a na e term of the permit includin tination(s) of all liquids and eduction. See Figure 2-1	arrative description t	for collecting, dewater	ing, storing, or treating
7.	Contractor Informati treatment, use or dispo	ion. Are any operational or sal the responsibility of a co	maintenance aspects	s of this facility related t es X No	to sewage sludge generation,
		ollowing for each contractor			
					•
	Mailing address:				
	Street or P.O. Box:				
	City or Town:		S	tate: Zin:	
					····
		State or Local Permit Number		is facility's saurage shud	TO.
	If the contractor is resp	ponsible for the use and/or d ant and the respective obliga	lisposal of the sewag	e sludge, provide a desc	
8.	Pollutant Concentrate pollutants which limits	tions. Using the table below s in sewage sludge have been I data must be based on three	or a separate attach a established in 9 VA	ment, provide sewage s	this facility's expected use o
	POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
	Arsenic			1	
	Cadmium				
	Chromium				
	Copper				
	Lead	·			
	Mercury				
	Molybdenum		i		1

Nickel Selenium Zinc

VPDES PERMIT NUMBER: VA0021105

у.	determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
	X Section A (General Information)
	X Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
	Section C (Land Application of Bulk Sewage Sludge)
	Section D (Surface Disposal)
	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."
	Name and official title: Dudley M. Paltie Signature Date Signed 9/28/10
	Telephone number: (434) 985-7811
	Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal

practices at your facility or identify appropriate permitting requirements.

VPDES PERMIT NUMBER: VA0021105

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

no Am lisp	al dry metric tons per 365-day period generated at your facility:0* dry metric tons sludge has left site during current permit period ount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or lossal, provide the following information for each facility from which sewage sludge is received. If you receive sewage
lud	losal, provide the following information for each facility from which sewage sludge is received. If you receive sewage
1.	lge from more than one facility, attach additional pages as necessary. NA
	Facility name:
٠.	Contact Person:
	Title:
	Phone: ()
: .	Mailing address:
	Street or P.O. Box:
	City or Town: State: Zip:
i.	Facility location:
	(not P.O. Box)
e.	Total dry metric tons per 365-day period received from this facility: dry metric tons
Ε.	Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
Γre	eatment Provided at Your Facility.
а.	Which class of pathogen reduction is achieved for the sewage sludge at your facility? Class A Class BX Neither or unknown
b.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce -
	pathogens in sewage sludge: long holding time
c.	Which vector attraction reduction option is met for the sewage sludge at your facility?
	Option 1 (Minimum 38 percent reduction in volatile solids)
	Option 2 (Anaerobic process, with bench-scale demonstration)
	Option 3 (Aerobic process, with bench-scale demonstration)
	Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
	Option 5 (Aerobic processes plus raised temperature)
	Option 6 (Raise pH to 12 and retain at 11.5)
	Option 7 (75 percent solids with no unstabilized solids)
	Option 8 (90 percent solids with unstabilized solids)
	X None or unknown
đ.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector
	attraction properties of sewage sludge: long holding time
e f. d	

On-	eparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and e of Vector Attraction Reduction Options 1-8 (EQ Sludge). NA			
(If:	sewage sludge from your facility does not meet all of these criteria, skip Question 4.)			
a.	Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:			
	dry metric tons			
b.	Is sewage sludge subject to this section placed in bags or other containers for sale or give-away? Yes No			
Sal	e or Give-Away in a Bag or Other Container for Application to the Land. NA			
(Co	omplete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land polication. Skip this question if sewage sludge is covered in Question 4.)			
a.	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for			
	sale or give-away for application to the land: dry metric tons			
b.	Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.			
Shi	ipment Off Site for Treatment or Blending. NA			
Ski fac	inding. This question does not apply to sewage sludge sent directly to a land application or surface disposal site, ip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one sility, attach additional sheets as necessary.)			
a. •	Receiving facility name:			
b.	racincy contact:			
	Title:			
	Phone: ()			
c.	Mailing address:			
	Street or P.O. Box:			
	City or Town: State: Zip:			
d.	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: dry metric tons			
e.,	List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:			
	Permit Number: Type of Permit:			
f.				
1.	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? Yes No			
	Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?			
	Class A Class B Neither or unknown			
	Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce			
g.	Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:			
g.	Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:			

CII	CILITY NAME: Gordonsville WWTP	VPDES PERMIT NUMBER: VA0021105
	Option 2 (Anaerobic process, with bench-scale demonstr	ration)
	Option 3 (Aerobic process, with bench-scale demonstrati	ion)
	Option 4 (Specific oxygen uptake rate for aerobically dig	gested sludge)
	Option 5 (Aerobic processes plus raised temperature)	
	Option 6 (Raise pH to 12 and retain at 11.5)	
	Option 7 (75 percent solids with no unstabilized solids)	
	Option 8 (90 percent solids with unstabilized solids)	
	None unknown	
	Describe, on this form or another sheet of paper, any treatment	processes used at the receiving facility to reduce
	vector attraction properties of sewage sludge.	
h.	h. Does the receiving facility provide any additional treatment or b	plending not identified in f or g above?
	If "Yes", describe, on this form or another sheet of paper, the tre	eatment processes not identified in f or g above:
	If you answered "Yes" to f, g or h above, attach a copy of any ir comply with the "notice and necessary information" requiremen	aformation you provide to the receiving facility to at of 9 VAC 25-31-530.G.
	If "Yes", provide a copy of all labels or notices that accompany	the product being sold or given away.
k.	k. Will the sewage sludge be transported to the receiving facility in such purposes? Yes No. If "No", provide des transport the sewage sludge to the receiving facility.	n a truck-mounted watertight tank normally used for
	Show the haul route(s) on a location map or briefly describe the	haul route below and indicate the days of the week
	and the times of the day sewage sludge will be transported.	
La	Land Application of Bulk Sewage Sludge. NA	
(Ca Qu	Complete Question 7.a if sewage sludge from your facility is appl Questions 4, 5 or 6. Complete Question 7.b, c & d only if you are	responsible for land application of sewage sludge.)
a.		ied to all land application sites:
b,	b. Do you identify all land application sites in Section C of this ap	plication? Yes No
	If "No", submit a copy of the Land Application Plan (LAP) with accordance with the instructions).	a this application (LAP should be prepared in
١.	Are any land application sites located in States other than Virgin	nia? Yes No
	If "Yes", describe, on this form or on another sheet of paper, ho where the land application sites are located. Provide a copy of	W VON notify the permitting authority for the States
d.	 Attach a copy of any information you provide to the owner or le the "notice and necessary" information requirement of 9 VAC 2 Appendix IV). 	ase holder of the land application sites to comply wit 5-31-530 F and/or H (Examples may be obtained in

7.

FACILITY NAME: Gordonsville WWTP

FACI	LITY NAME: Gordonsville WWTP	VPDES PERMIT NUMBER: VA0021105		
8. Si	urface Disposal. NA			
(0	Complete Question 8 if sewage sludge from your facility is pla	iced on a surface	e disposal site.)	
a.	Total dry metric tons per 365-day period of sewage sludge t	rom your facility	placed on all surface disposal	
	sites: dry metric tons		- •	
b.	Do you own or operate all surface disposal sites to which you Yes No	udge for disposal?		
	If "No", answer questions c - g for each surface disposal site sludge to more than one surface disposal site, attach additio	e that you do not nal pages as nece	own or operate. If you send sewage ssary.	
c.	Site name or number:	<u> </u>		
d.	Contact person:			
	Title:			
	Phone: ()			
	Contact is: Site Owner Site operator			
e.				
	Street or P.O. Box:			
:	City or Town:			
f.				
	site: dry metric tons			
	federal, state or local permits that regulate the sewage sludg Permit Number: Type of Permit:	•		
			· · · · · · · · · · · · · · · · · · ·	
	ncineration. NA			
	Complete Question 9 if sewage sludge from your facility is fir			
a.	incinerator: dry metric tons			
b	Do you own or operate all sewage sludge incinerators in wh	ich sewage sludg	e from your facility is fired?	
	If "No", answer questions c - g for each sewage sludge incir sludge to more than one sewage sludge incinerator, attach a	nerator that you d dditional pages a	o not own or operate. If you send sewage s necessary.	
c	• •			
d				
	Title:			
	Phone: ()			
	Contact is: Incinerator Owner Incinerator	Operator		
e.	. Mailing address:			
	Street or P.O. Box:			
	City or Town:	State:	Zip:	
f.		from your facility	fired in this sewage studge	

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

incinerator: _____ dry metric tons

VPDES PERMIT NUMBER: VA0021105

	of sewage sludge at this incinerator:		
	Permit Number:	Type of Permit:	
10. D	isposal in a Municipal S	olid Waste Landfill.	
fo	llowing information for	sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the each municipal solid waste landfill on which sewage sludge from your facility is placed. If a more than one municipal solid waste landfill, attach additional pages as necessary.)	
a.		· · · · · · · · · · · · · · · · ·	
b.	Contact person: Kurt	Hildebrand	
	Title: Director of Publ	ic Works	
	Phone: (540) 672-96	00	
	Contact is: X I	Landfill Owner Landfill Operator	
c.		<u> </u>	
	Street or P.O. Box: P.	O. Box 111	
	City or Town: Orange	State: VA Zip: 22960	
d.			
	Street or Route #: 115	30 Porter Rd.	
	County: Orange		
		State: VA Zip: 22960	
e	_	per 365-day period of sewage sludge placed in this municipal solid waste landfill:	
	· ·	netric tons	
f.		n attachment, the numbers of all federal, state or local permits that regulate the operation of this	
	Permit Number:	Type of Permit:	
	SWP 090	VDEQ Solid Waste Permit	
g	Does sewage sludge n 10 et seq., concerning X_Yes	neet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80 the quality of materials disposed in a municipal solid waste landfill? No	
h	 Does the municipal so Management Regulati 	olid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste ion, 9 VAC 20-80-10 et seq.?X Yes No	
i	. Will the vehicle bed	or other container used to transport sewage sludge to the municipal solid waste landfill be d? Yes No	
	Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week	
	and time of the day se	ewage sludge will be transported. Right onto Holiday Dr., left onto Klockner Rd., left onto US ON, right onto Porter Rd. 8:30 am - 4:00 pm M - F.	

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Rapidan Service Authority			
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.			
s this facility located within city or town boundaries? Yes No 🖂			
Provide the tax map parcel number for the land where the discharge is located. PIN 2-9,10,11			
For the facility to be covered by this permit, how many acres will be disturbed during the next			
e years due to new construction activities? < 1			
What is the design average effluent flow of this facility? 0.667 MGD			
What is the design average effluent flow of this facility? 0.667 MGD For industrial facilities, provide the max. 30-day average production level, include units:			
and a second second of the max of the average production level, include units.			
In addition to the design flow or production level, should the permit be written with limits for an other discharge flow tiers or production levels? Yes No If "Yes", please identify the other flow tiers (in MGD) or production levels: 0.94 MGD	ny		
ase consider the following questions for both the flow tiers and the production levels (if applicable): Do you pla and operations during the next five years? Is your facility's design flow considerably greater than your current	in to		
·	Jlow?		
Nature of operations generating wastewater: unicipal wastewater treatment			
anapar waso wator troumtone			
100 % of flow from domestic connections/sources			
Number of private residences to be served by the treatment works: 690			
0 % of flow from non-domestic connections/sources			
Mode of discharge: Continuous Intermittent Seasonal Describe frequency and duration of intermittent or seasonal discharges:			
Identify the characteristics of the receiving stream at the point just above the facility's discharge point:			
Permanent stream, never dry			
X Intermittent stream, usually flowing, sometimes dry			
Ephemeral stream, wet-weather flow, often dry			
Effluent-dependent stream, usually or always dry without effluent flow			
Lake or pond at or below the discharge point Other:			
Approval Date(s):			
O & M Manual 08/10/1988 Sludge/Solids Management Plan 12/20/2006			
Have there been any changes in your operations or procedures since the above approval dates? Yes			

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week						
for two consecutive weeks in Orange Cou						
with 9 VAC 25-31-290.C.2.						
Agent/Department to be billed:	Dudley M. Pattie, General Manager					
Owner:	Rapidan Service Authority					
Agent/Department Address:	P.O. Box 148					
	Ruckersville, VA 22968					
Agent's Telephone No.:	434 985-7811					
Printed Name:	Dudley M. Pattie					
Authorizing Agent – Signature:	Vulley MASA EMBSA					
Date:	9/36/1/					

VPDES Permit No. VA0021105 Facility Name: Gordonsville WWTP

Please return to:

Joan C. Crowther VA-DEQ, NRO 13901 Crown Court Woodbridge, VA 22193-1453 Fax: (703)583-3821